



Document number	POL-2270	Approval date	13-Apr-23
Approved by	yourtown Board	Next review date	13-Apr-25
Document owner	Advocacy and Research		
Applies to	All yourtown		

1 policy imperative

At **yourtown**, we aspire to be a world-class leader in safeguarding children, young people, and adults at risk. Our vision is for our team members to be advocates and allies for safeguarding 24/7.

yourtown supports people who often have complex needs and/or have experienced trauma in their lives, including from child harm, risk of harm, or abuse, poor mental health, domestic and family violence, unemployment, and homelessness. It is critical that we provide the safest and most appropriate services and environments for children, young people and adults who encounter our organisation.

At **yourtown**, everyone has a right to be safe and feel safe. Creating a strong safeguarding culture is a shared responsibility of all **yourtown** team members, regardless of their level or position. The Safeguarding in Practice – Policy and Procedures (The Policy) outlines the measures all team members are required to take to safeguard children, young people, and adults at risk.

2 purpose

The Policy aims to set out **yourtown**'s enterprise-wide policies and procedures in relation to keeping children, young people, and adults at risk safe, and feeling safe, when they encounter us.

All team members can access the Policy; safeguarding posters; and client friendly versions internally on the safeguarding SharePoint site. Client friendly versions of the Policy for children, teens and adults are also available on the **yourtown** website; along with **yourtown**'s Safeguarding Commitment Statement. Team members can download copies of these documents to hand to clients, and should advise children, young people, and adults at risk of their availability.

The Policy:

- reaffirms our commitment to protecting the safety and wellbeing of children, young people, and adults at risk as outlined in our Safeguarding Commitment Position Statement,
- reinforces **yourtown**'s zero tolerance for any form of inappropriate conduct with children, young people, and adults at risk, as outlined in our Code of Conduct,
- underpins a safe and supportive environment for all children, young people and adults at risk who engage with **yourtown**,
- operationalises and provides practical steps for implementing the Policy,
- prevents harm from occurring by reinforcing the importance of our Safeguarding Risk Management Framework,
- defines safeguarding roles and responsibilities at all levels to reinforce that safeguarding is everyone's responsibility,
- reaffirms our commitment to cultural safety for children, young people, adults and risk and their families from all cultures, including Aboriginal and Torres Strait



- Islander, to ensure their wellbeing and safety,
- reaffirms our commitment to equity and inclusion,
- mandates that all team members are to be appropriately trained in relation to their safeguarding responsibilities,
- ensures that **yourtown** only partners with organisations that share our strong commitment to safeguarding, and,
- enables compliance with relevant laws and supports implementation of the National Principles for Child Safe Organisations, the Commonwealth Child Safe Framework, the National Catholic Safeguarding Standards, and relevant state and territory standards.

3 scope and definitions

yourtown is responsible for the safety of everyone in our workplaces. The Policy focuses on ensuring the safety and wellbeing of all children, young people and adults at risk that engage with our organisation.

The table of contents at Appendix 1 sets out the key areas covered by the Policy, which include:

- commitment to safeguarding
- commitment to cultural safety
- recruiting safe and capable people
- embedding safeguarding into staff induction and training
- safeguarding risk assessment
- upholding rights and supporting self-advocacy
- maintaining a safe physical environment
- appropriate contact
- responding to workplace discrimination, bullying and other inappropriate behaviours
- maintaining a safe online environment
- responding to harm
- working with safe organisations
- managing complaints and encouraging feedback
- compliance and record keeping, and
- policy review

Key terms used throughout this document have been defined in **yourtown**'s Safeguarding Glossary at Appendix 2. For the Policy, a client is anyone who is engaging with a **yourtown** service or program, as well as participants in **yourtown** engagement activities, employment services and social enterprise activities.

The roles and responsibilities set out in the Policy apply to all **yourtown** team members and external service providers engaged by **yourtown**, where specified. In certain circumstances, clients, and visitors to **yourtown** may be subject to certain sections of the Policy.

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4 commitment to safeguarding

yourtown's Statement of Safeguarding Commitment explicitly confirms our commitment, in line with our Mission and Values, to protect children, young people and adults at risk and keep them free from harm.

yourtown's expectations of the behaviour of team members when interacting with children, young people and adults at risk is enshrined within our Values and Core Behaviours and our Consumer Rights Position Statement and is supported by our Code of Conduct and Ethical Code and Practice Policy in Client Service Delivery.

The Policy operationalises **yourtown's** Safeguarding Policy. It consolidates, at an enterprise-wide level, the full suite of **yourtown's** safeguarding procedures, protocols, and tools.

The Safeguarding Committee, chaired by a Department Head oversees the development, implementation, and review of the Policy, as well as related compliance, risk management and auditing.

The Policy is underpinned by an extensive safeguarding training regime for all team members, starting at induction and continuing at regular intervals to ensure ongoing focus and improvement.

Implementation of, and compliance with, the Policy is monitored through Annual Safeguarding Audits (roles in relation to audits are set out in tables at the end of each section of the Policy)

yourtown's Clinical Governance Standards set the baseline for quality service delivery.

yourtown's commitment to safeguarding also ensures team members comply with relevant Australian state, territory, or federal laws regarding the creation of child safe environments, including:

- *Care and Protection of Children Act 2007 (Northern Territory)*
- *Children and Community Services Act 2004 (Western Australia)*
- *Children and Young Persons (Care and Protection) Act 1998 (New South Wales)*
- *Children and Young People Act 2008 (Australian Capital Territory)*
- *Children and Young People (Safety) Act 2017 (South Australia)*
- *Child Protection Act 1999 (Queensland)*
- *Child Wellbeing and Safety Act 2005 (Victoria)*
- *Children, Young Persons and Their Families Act 1997 (Tasmania)*

5 commitment to cultural safety

yourtown is committed to ensuring we provide a welcoming, safe, equitable and inclusive environment for people from all backgrounds, languages, and cultures, particularly recognising the significant role that cultural safety plays in the social, emotional, physical, and mental health of Aboriginal and Torres Strait Islanders people and communities that we engage with.

In keeping with **yourtown's** Reconciliation Action Plan (RAP), **yourtown** is committed to ensuring that Aboriginal and Torres Strait Islanders people who engage with **yourtown** are:

- able to express their culture, and enjoy their cultural rights in meaningful ways
- participate in, and be included in decisions about them, and in the work and design of **yourtown** services, and
- feel, and are, culturally safe when engaging with **yourtown**.

6 recruiting safe and capable staff

yourtown upholds the rights of children, young people, and adults at risk and safeguards them from actions that cause harm. Ensuring that all team members are suitable to be working with children,



young people and adults at risk is a key first step.

6.1 What is the responsibility of People and Culture?

People and Culture is responsible for screening all team members (as defined in Appendix 2) as to their suitability to work with children, young people, and adults at risk as well as their ability to comply with **yourtown's** Safeguarding Policy and Code of Conduct. This includes ensuring that:

- Employment advertising states **yourtown's** commitment to safeguarding and wellbeing.
- Position Descriptions set clear expectations about the role's requirements, duties and responsibilities regarding safeguarding and wellbeing, including that **yourtown** requires a satisfactory National Criminal History Check and, where relevant, a Working with Children Check (WWCC).
- Consideration is given to the prospective team member's attitude to working with children, young people, and adults at risk in line with **yourtown's** Mission and Values.

See **yourtown's** Safeguarding Screening Policy for more details.

People and Culture is responsible for maintaining compliance with working with children and vulnerable people legislative requirements, in all relevant states and territories.

People and Culture, in consultation with Line Managers, is responsible for:

- assessing whether prospective team members have the appropriate skills, knowledge, or experience to work with children, young people and adults at risk as relevant to the role,
- providing new team members with a safeguarding training regime, and
- checking the suitability of the prospective team members to work with children, young people or adults at risk, including compliance with relevant laws (see Section 19. 5) prohibiting employment, student placement or volunteering of people who pose an unacceptable risk of harm to children, young people or adults at risk.

6.2 What is the responsibility of a Line Manager?

Line Managers must advise People and Culture if they are intending to onboard an external third-party provider without going through standard recruitment processes so that appropriate screening and/or recording of police and WWCCs can still occur.

The National Social Enterprises Manager should consider what screening requirements would be appropriate for paid social enterprise clients, given the clients age and the nature of their role. The Manager must keep a formal record of that screening process, including what was decided, and the date the process was undertaken.

7 embedding safeguarding into induction and training

7.1 All team members must undertake safeguarding induction and training appropriate to their role

All team members at **yourtown** must undertake foundational safeguarding induction and training regarding the Policy, and as identified at 7.2.1 and 7.2.2 below.

All new team members will complete the safeguarding training in line with the relevant approved training plan consistent with their role, responsibilities, location and level of interaction with children, young people, and at-risk adults. As a minimum, this will occur within the first three months of employment and/or during the probationary period.

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Additional ongoing safeguarding training will need to be undertaken by team members where it is identified as being relevant to their location, role, responsibilities, and level of interaction with children, young people, and at-risk adults. Additional training will be identified through an approved training plan specific to the service area and/or role.

As a minimum, refresher safeguarding training will occur every 12 months.

7.2 What will the training involve?

All safeguarding training and key learning activities will relate to key safeguarding policies, practices and processes, escalation and reporting requirements, and be role-appropriate for team members' knowledge and awareness responsibilities, location, and level of interaction with children, young people, and at-risk adults.

Safeguarding training will cover the key learning outcomes related to 7.2.1 and 7.2.2 below.

7.2.1 Understanding and acknowledgment of **yourtown's** relevant policies

including:

- The Policy
- Code of Conduct
- Reporting, investigation and grievance policies and procedures
- Other policies and documents, which support safeguarding at **yourtown**, such as **yourtown's** Reconciliation Action Plan and the Whistleblower Protection Policy.

7.2.2 Awareness and understanding

- The National Principles for Child Safe Organisations and Catholic Child Safe Standards.
- How safeguarding is applied in practice at **yourtown**.
- Understanding, recognising and responding to abuse, harm, risk of harm, neglect and disclosures and reporting requirements for children, young people and adults,
- Other safeguarding training, as identified within the relevant approved training plan.

8 safeguarding risk assessment

8.1 Managers' responsibility for safeguarding risk assessments

Every program/service is to have a risk register to identify, record, and track safeguarding risks and actions to be taken to mitigate those risks. All Managers who are responsible for activities or projects that involve contact with children, young people, and adults at risk are responsible for ensuring that there is an up-to-date safeguarding risk assessment in place for the program/service's activities and/or projects. They should consider the following:

- The Enterprise Risk Management Framework and Risk Register Template are available to be used for this process. Each site/program can adapt the template to fit their unique activities and purpose.
- The assessment must identify and address risks relating to children, young people and adults at risk that are specific to the particular program, service and project.
- The assessment must be undertaken prior to a new service, program or project being established, and must be reviewed and updated on an annual basis and/or in the event that any significant changes are made to the service delivery method, location or physical or online environment.

8.2 What is a 'risk owner' responsible for?

Each identified safeguarding risk must be assigned an owner ('risk owner').



Generally, the owner is the service, program, or team leader; however, there may be cases where another staff member is more appropriate. The risk owner is responsible for ensuring that the risk is being managed appropriately and for its escalation to the Department Head if the risk escalates or materialises.

8.3 What is a 'control owner' responsible for?

Each identified safeguarding control must be assigned a 'control owner'.

The control owner is responsible for ensuring that the control is operating effectively. This includes ensuring all relevant staff are aware of the control (for example, ensuring that relevant staff are trained,). Depending on the nature of the control, the control owner may perform periodic testing to ensure that the control is operating effectively (for example, by checking training records). Where a control is not operating effectively, the control owner must escalate this to the relevant risk owner and Department Head.

Where there is a safeguarding risk assessment in place for a service/program, new team members in that service/program should be made aware of and understand the safeguarding risk assessment outcomes as part of their induction, including understanding the mitigation strategies and controls.

Annual Safeguarding Audit	
Role	Responsibilities
Enterprise Risk and Compliance Manager	Review compliance with the Enterprise Risk Management Framework
	Provide a report to the Safeguarding Committee as part of the Annual Safeguarding Audit.
	This may include confirming that services, programs, and teams have: identified and documented all relevant risks, including assigning a risk owner for each risk identified and documented controls to mitigate each risk, including assigning a control owner for each control confirmed control effectiveness in a manner that is appropriate for the control reviewed the risk register at least annually, and Escalated ineffective controls, escalating risk and/or materialising risks to the respective Department Head.

9 upholding rights and supporting self-advocacy

yourtown's business practices are designed to uphold human rights, support meaningful participation and self-advocacy, and to be inclusive of, and responsive to, the diverse needs of all the children, young people, and adults at risk we engage with. This approach is reflected through **yourtown**'s engagement, evidence gathering, advocacy and response to feedback and complaints, as well as service design and delivery.

yourtown is committed to openly communicating with children, young people, and adults at risk as well as their families, carers, and communities about its child safeguarding approach. Accessible versions of the Policy are available on the **yourtown** website and safeguarding SharePoint, and team members should share these with clients either physically or virtually.

9.1 Upholding human rights

9.1.1 Everyone is responsible for upholding and supporting human rights

yourtown team members should recognise and respect the human rights of the children, young people, and adults at risk who they engage with and support them to understand and exercise these rights when engaging with **yourtown**. Team members must also comply with applicable human rights laws in each state and territory (see section 19.5 for relevant laws).

9.1.2 What must all team members who engage with children, young people and adults at risk do?

All team members must:

- ensure children, young people, and adults at risk are informed about their rights when engaging with them, including the right to:
 - feel safe¹ - physically, emotionally, culturally, socially, and spiritually
 - to ask for information²
 - participate on their own terms³
 - be safe from abuse⁴, harm and risk of harm, neglect⁵, and inadequate care⁶, and
 - be informed of who to contact if they have concerns about their safety or the safety of their peers⁷.
- encourage and support active participation by children, young people, adults at risk, and where appropriate, their family members in relation to any decision making that affects them, and
- make decisions in a way that is compatible with a person's human rights and give that person's human rights proper consideration when making decisions.

9.1.3 What should team members do to uphold cultural rights?

Team members should encourage and support Aboriginal and Torres Strait Islander children, young people, adults at risk and their families to express their culture and enjoy their cultural rights by following the principles of cultural safety.⁸ These include:

- understanding and reflecting on personal cultural bias, attitudes and beliefs about 'others', and how these can shape practice, service delivery and relationships with clients,
- actively engaging in clear, value free, open, and respectful communication
- developing trust,
- recognising and avoiding stereotyping barriers,
- engaging with others in a two-way dialogue to support the two-way sharing of information,

¹ Set out in Article 3 of the Convention on the Rights of the Child 1990 and Article 3 of the United Nations Universal Declaration of Human Rights (UDHR) 1948.

² Set out in Article 12 and 13 of the Convention on the Rights of the Child 1990 and Article 19 of the United Nations Universal Declaration of Human Rights (UDHR) 1948.

³ The right to self-determination is contained in Article 1 of the Covenant on Civil and Political Rights 1976 and in Article 1 of the Covenant on Economic, Social and Cultural Rights 1976.

⁴ The right to protection from exploitation, violence and abuse is contained in Article 19(1) of the Convention on the Rights of the Child 1990, Article 20(2) of the International Covenant on Civil and Political Rights 1976, and Article 16(1) of the Convention on the Rights of Persons with Disabilities 2006.

⁵ The right for children to be properly cared for and to protect them from violence, abuse and neglect is contained in Article 19 of the Convention on the Rights of the Child.

⁶ See footnote 5.

⁷ See footnote 2.

⁸ The United Nations Declaration on the Rights of Indigenous Peoples (2007) HR/PUB/13/2.

- promoting and encouraging children, young people, and adults at risk to express their views, self-advocate or provide feedback on any issues they are concerned about, including in relation to **yourtown**, and,
- providing clear advice and support about appropriate ways children, young people and adults at risk can provide feedback, advocate for themselves and those they care about, and access support from external advocates.

9.1.4 What is the Line Manager’s responsibility?

Line Managers must provide guidance (in the form of procedures and/or supervision) to their team members around ways they can effectively and appropriately:

- provide information about rights in a way that is relevant to the service-setting, and accessible and appropriate to the person having regard to their developmental, age and cultural needs,
- facilitate and support participation in any decision making,
- proactively support and encourage self-advocacy and feedback, in a way that aligns with **yourtown**'s policies on responding to harm (see section 14), and handling complaints, (see section 16), and,
- comply with all relevant federal, state and territory human rights laws (see section 19.5).

9.2 Engaging with children, young people and adults at risk to inform service and policy design, and advocacy

Children, young people, and adults at risk play an important role in helping **yourtown** identify and accommodate their diverse needs in the design of our policies and programs. All engagement with children and young people must be safe, inclusive and genuine.

yourtown is committed to designing and developing policies, programs and services that are child-focused, age-appropriate, culturally safe and informed by the needs and voices of children, young people and adults at risk. **yourtown** is also committed to ensuring that the voices of children, young people and adults at risk are raised and heard in the advocacy activities that **yourtown** engages in to achieve systemic and legal reform.

9.2.1 What does **yourtown** do to engage with young people?

yourtown has a range of mechanisms to ensure genuine and meaningful engagement with children and young people to engage in advocacy and research activities, and inform service design, including:

- **yourtown** Youth Advisory Groups (YAGs), which provide an opportunity for young people to have a direct input into **yourtown**'s work,
- engaging with young people through surveys and polls to measure their views on specific matters related to them, seeking their ideas and preferences for policy development and service design, and,
- hosting and participating in ad hoc forums for the purpose of consultation and engagement.

9.2.2 What must all team members who engage in participation activities do?

Team members engaging in participation activities with children and young people should refer to **yourtown**'s Youth Participation – Safeguarding Guidelines.

All **yourtown** team members who are involved in engagement activities must ensure that strategies used for engagement reflect the communication needs of the individuals involved and:

- are age and developmentally appropriate and considerate of any communication

- barriers,
- are inclusive and respectful of diversity, ensuring that there are opportunities to participate for people from a range of backgrounds and cultures,
- uphold ethical standards to avoid and address risk of harm due to participation in the activity,
- able to provide support and respond effectively to those who are at risk, if needed, and,
- encourage, empower, and provide children, young people and adults at risk with opportunities for self-advocacy and feedback and with information on how to access an external advocate.

When designing or conducting any engagement work, team members must pay particular attention to the needs of:

- Aboriginal and Torres Strait Islander children, young people, and adults at risk,
- children, young people, and adults at risk with a disability,
- children, young people, and adults at risk from culturally and linguistically diverse backgrounds, and,
- children, young people, and adults at risk who are part of the LGBTIQ+ community.

9.3 Advocacy

yourtown plays a strong leadership role through its advocacy work in raising community awareness of the dignity and human rights of all children, young people, and adults at risk. We use the information gained through meaningful engagement with children, young people, and adults at risk to support our endeavours.

yourtown undertakes systemic and rights-based advocacy. We advocate for change and reforms that improve the lives of children, young people and adults at risk and that better uphold their rights.

yourtown uses human-centred design with children, young people and adults at risk and consults with external experts to inform our research and advocacy approaches. This allows us to build deep empathy with children, young people and adults at risk and advocate for their needs.

The **yourtown** Human Research Ethics Committee assists **yourtown** to conduct human research to the highest ethical standards. It ensures that all participants engaging in human research at **yourtown**, and their personal data are appropriately respected. It also ensures that participants' rights, interests, welfare, privacy, and confidentiality are protected, and that they provide informed consent.

9.4 Supporting safety and self-advocacy through service design and delivery

9.4.1 What must be considered when designing policies, programs and services?

When designing policies, programs and services, consideration should be given to:

- ensuring physical and online environments are safe, including culturally safe, for children, young people, and adults at risk,
- supporting equity and respecting and accommodating diverse needs,
- creating environments where children, young people and adults at risk feel safe expressing their views and being involved in decisions,
- encouraging the active participation and engagement of all children, young people, and adults at risk,
- promoting personal safety and awareness of safety issues, and,
- encouraging self-advocacy and feedback.



9.4.2 What are Line Managers' responsibilities for site/service specific processes

Line Managers must ensure there are site/service-specific processes in place to facilitate appropriate ways for children, young people, and adults at risk to express their views or raise their concerns, including to make a complaint or provide feedback (see section 16).

10 maintaining a safe physical environment

yourtown is responsible for the health and safety of everyone in **yourtown** workplaces, and has a range of policies, procedures and training courses in place aimed at maintaining a safe physical environment, including:

- Work, Health, and Safety Policy (WHS Policy)
- Safe Physical Environments Guideline
- Workplace Bullying Prevention and Management Policy, and
- relevant service-specific policies and procedures, including:
 - Emergency Response/Management Plans
 - Residential Agreements
 - Transport policies and procedures for residential services.

Children, young people, and adults at risk who come into contact with **yourtown** may require particular supports, or workplaces may need to make particular adjustments to ensure that everyone remains safe and free from harm or injury. It is equally important to empower children, young people, and adults at risk to keep themselves and others safe.

10.1 Responsibilities

10.1.1 All team members are responsible for safe workplaces

All team members have a duty of care - a responsibility - to make sure that they, and others in the workplace, are safe, and are responsible for reasonably and practicably eliminating any health and safety risks in the workplace.

All team members play a role in ensuring that:

- their work environment, systems of work, machinery and equipment are safe and properly maintained,
- workplace facilities are clean and hygienic,
- when working outside, standard workplaces complying with the Home and Outreach Procedure, and,
- any safety risks or incidents are reported in accordance with the WHS Policy.

10.1.2 What is the Work, Health and Safety Manager's responsibility for policy and procedures?

The Work, Health and Safety Manager is responsible for ensuring that relevant **yourtown** Work, Health and Safety policies and procedures are updated to incorporate specific safeguarding measures, as outlined in this section (section 10) of the Policy.

10.1.3 What are the Line Managers' responsibilities in mitigating physical safety risks?

Line Managers are responsible for putting in place appropriate measures to mitigate against any physical safety risks identified through the Safeguarding Risk Assessment for their service, program, or activity.

10.2 Workplace safety, signage, and instructions

Program supervisors, in consultation with the Work, Health and Safety Manager, are responsible for:

- ensuring that workplaces are designed or adjusted to meet the needs of

- anyone attending the service or program,
- considering the physical layout and placement of services in relation to child safety, including the nature of any services that are co-located, and,
- ensuring that safety guidance materials, instructions, and signage, in workplaces are designed with consideration of the range of ages, abilities, literacy and communication needs of anyone attending the service or program.

To ensure the safety of everyone in the workplace, an individualised, human-centred approach should be taken when considering the design, adjustments and signage or instructions that are required for respective workplaces. For example, it may be appropriate in some workplaces to ensure that WHS signage is available in other languages.

10.3 Supporting children

The safety and wellbeing of children is paramount. **yourtown** aims to provide the safest environment possible for children, and to ensure it has appropriately trained and specialist workers supporting children.

All team members working with children directly in face-to-face settings must:

- read and follow the Safe Physical Environments Guideline by regularly monitoring their work environment for any objects that could be a risk to children (e.g. choking hazard for infants and young children) and remove items that pose a safety risk, and,
- ensure that there is a safe, clean, and well-presented child-friendly area with engaging play materials (this is particularly important in residential services, adjunct care, and other services where children engage in play activities as part of the service).

10.4 Water safety

10.4.1 What are Line Managers' responsibilities for ensuring fences, signs and supervision comply with the law?

Line managers, in consultation with the Work, Health and Safety Manager, are responsible for ensuring that any workplace that has a pool or other bodies of water on site, such as ponds, water features or dams, or any workplaces where there is access to a pool or other bodies of water, complies with relevant state and territory laws and regulations in relation to appropriate fencing, signage and supervision around water.

10.4.2 What are residential team members' responsibilities when inducting new clients and admitting visitors?

All team members at residential services must advise clients, including children and young people, and other visitors, where relevant, about water safety upon induction into the service. Clients must be told about the risk of drowning and understand that children must be supervised at all times by an adult when around any body of water, including baths, pools or dams.

10.5 Transporting clients

10.5.1 What is the Property Manager's responsibility in relation to new and existing vehicles?

The Property Manager must consult relevant Line Managers and consider several factors before leasing vehicles for **yourtown** services, and when assigning vehicles to **yourtown** service areas, including:

- whether the type of vehicle is suitable for the clients and staff at the service

- for example, is the car accessible for people with a disability? Can it be easily fitted with a car seat for infants or children, and have the anchorage points for the car seats been inspected by an authorised fitting station, and
- whether it would be appropriate for the vehicle to have **yourtown** branding
 - for example, if the car is to be used to transport clients who are receiving services in relation to domestic and family violence, or other people who may be concerned about their privacy or engagement with **yourtown** for safety reasons, it would not be appropriate for **yourtown** branding to be on the vehicle.

A first aid kit must be kept in all **yourtown** vehicles and inspected annually to ensure it remains available for use.

10.5.2 What must all team members who use a vehicle at work do?

Team members using a vehicle for work purposes, must first complete the **yourtown** Driver Safety online training module.

When transporting clients (excluding social enterprise clients), team members must comply with the Transporting Client Procedure. Where social enterprise clients are transported, team members must follow policies and procedures relevant to transporting team members.

Emergency contact details should be accessible, including the emergency contact details for any clients in the vehicle.

10.5.3 Additional requirements for team members at residential services

All team members at residential services must also read and adhere to their service-specific guidelines relating to transporting residential services clients, including pre-talk checklists.

10.5.4 What do team members do if it's a third-party transporting a client?

When working with other organisations that may need to transport clients, team members must include the appropriate conditions around transporting clients in the written agreement with that organisation (refer to the Working with Safe Organisations Guide for more information). Any providers that are required to transport **yourtown** clients must meet the same safeguarding standards outlined in the Transporting Client Procedure.

10.5.5 Safely transporting infants and young children requiring baby or child car seats

Child and/or infant car seats should be available in vehicles that will be used to transport clients that have young children and must be correctly installed and meet Australian Standards and safety guidelines. The following should be considered:

- anchorage points should be inspected annually by an authorised fitting station
- team members should be trained in the correct use of infant and child car seats, and
- young children should not be transported in the front seat of a vehicle fitted with an airbag.

10.6 Safety in residential settings

Every home should be a safe home.

yourtown provides home like accommodation to young families and to women and their children who have experienced domestic and family violence. **yourtown** also provides outreach services in clients' homes and at **yourtown** transitional properties.

Service/Program Managers should ensure that residential agreements are in place for clients to ensure behavioural standards are understood and that those standards are in place to ensure both clients and team members at the service are and feel safe. Clients should be advised of the serious consequences of not adhering to those standards (in

accordance with the relevant site manual).

Clients in residential facilities are to be provided with information in an accessible format on keeping themselves safe on the premises, including emergency and evacuation plans and any other safety information that is relevant to the premises. Clients should be encouraged to report any safety concerns to **yourtown** team member/s promptly.

10.7 Safe sleeping arrangements for children

Team members at residential services should support parents at their service to understand sleeping hazards and safe sleeping practices for infants, and to meet each child's need for sleep, rest and relaxation.

For residential services, or any other services where infants and children may sleep, there should be safe sleeping procedures or guidelines in place that are service specific. The following are additional external guidelines that may assist team members in performing their role:

- a) Royal Children's Hospital and Red Nose infant sleeping guides to support clients to maintain safe sleeping arrangements for their infants:
https://rednose.org.au/downloads/SafeSleepingGuideforParents_Mar21.pdf
- b) The Australian Children's Education & Care Authority has a guide on safe sleep and rest practices in children's education and care services:
<https://www.acecqa.gov.au/resources/supporting-materials/infosheet/safe-sleep-and-rest-practices>.

Service guidelines or procedures (such as the Safe Sleeping Practice Guidelines) should include provisions relating to the monitoring of room temperature where infants sleep to ensure that rooms are not too hot or too cold and that infants and children have access to appropriate bedding and clothing.

At non-residential facilities, sleeping children should not be left unattended.

10.8 Domestic and family violence (DFV) services

yourtown recognises that there are a range of critical, additional steps that must be taken to ensure the safety of women and children who are escaping family and domestic violence in its services, and of team members who work at these workplaces.

10.8.1 What is the Manager of a DFV residential service responsible for?

Managers of DFV residential services, in consultation with the Work, Health and Safety Manager, must ensure that there are robust security systems and safety protocols in place to reduce the risks to clients, team members and others from violence. This must include:

- Keeping the physical location and purpose of the service confidential and having a protocol in place to determine who can be given the physical address,
- having a protocol in place to determine who can visit and that those visits are by appointment only, and,
- monitoring and checking the devices to ensure that they are working correctly and not obstructed:
 - security alarms and intruder alerts
 - duress alarms
 - CCTV
 - adequate external lighting, and
 - appropriate locks on doors, windows and fencing.

The Manager is also responsible for ensuring all clients are taught about the security equipment on



site and should be encouraged to report all security breaches or safety concerns to team members.

10.8.2 What is the program supervisor at a DFV residential service responsible for?

The Program Supervisor is responsible for ensuring that all staff are trained in the use of all safety equipment on site and in lock-down procedures.

10.8.3 What are all team members at a DFV residential service responsible for?

All team members must immediately report any concerns with the operation of the security systems or safety devices to the Program Supervisor directly and to the Work, Health, and Safety Manager through the Quality Improvement System (QIS) so that equipment can be repaired or replaced immediately.

All team members at DFV related services are responsible for completing the following for any new client they intake:

- Initial intake paperwork to identify any potential safety risks posed by the person using violence (PUV) and to assess the safety needs for women and their children (or other family members)
 - this includes the signing of a residential agreement, which outlines site guidelines and policies, including maintaining the confidentiality of the site.
- Comprehensive assessments with the person experiencing violence (PEV) to better understand the pattern of violence used by the PUV to support risk assessment and safety planning.
- A local safety plan ensuring the local areas surrounding the residential service are safe for the family and not known to the PUV or anyone familiar to them.
- All risk and safety assessments undertaken with the PEV must consider their emotional wellbeing, and be conducted in a sensitive, trauma-informed way.
- Regular reviews of clients' safety plans and risk assessments to account for any increased risks or changes in circumstance, and client screening, including criminal background and child protection checks.

All team members should ensure that children are treated as clients in their own right, including, where appropriate, through the provision of individualised case support planning, including risk and safety planning, and support for trauma.

10.9 Home Visit and Outreach Procedure

All team members must follow the Home Visit and Outreach Procedure when visiting client homes, or meeting with clients outside of a **yourtown** workplace.

This procedure does not apply when working with clients who are still residing at one of **yourtown**'s residential services or who are Social Enterprise clients as part of business as usual (BAU). Where engagement is outside of BAU then the Home Visit and Outreach Procedure applies.

All team members at residential services must also comply with any service-specific guidelines that are in place.

10.10 Visitors at yourtown

yourtown recognises that a range of external parties may need to access and attend **yourtown** workplaces during everyday business, including to:

- conduct repairs or upgrades to workplaces, facilities, and equipment, or to deliver or install new equipment,



- provide training or other support to team members,
- support engagement activities with participants,
- facilitate media opportunities, and,
- attend meetings with team members.

10.10.1 What must any team member do if there is a visitor to the site or location?

All team members that invite or request an external party to attend a **yourtown** workplace, or any team members responsible for escorting any visitors at **yourtown** workplaces, must follow any approved **yourtown** visitor induction process or any service-specific procedures in place relating to visitors.

Service/Program Managers can introduce their own visitor procedures and/or processes, where required, only where it introduces stronger safeguarding and security requirements that are appropriate to the service setting.

10.10.2 What must (and must not) be done by a visitor?

All visitors must follow **yourtown**'s Visitor Induction Procedure and confirm they have read and understood that:

- They cannot take photos, videos or sound recordings, unless it directly relates to the purpose of their visit and consent forms have been provided (for example, they are a photographer or journalist assisting with a media opportunity, or they are facilitating a consultation with young people who have already consented to having their photo taken, or they need to take a photo of a part of a building for the purpose of repair); or they are a friend or family member of a client at a residential service.
- They are to have no unsupervised, direct or indirect contact with clients, or any other children, young people, or adults at risk at the workplace, unless it is directly related to the purpose of their visit (for example, they are providing some form of support to clients in which case they must remain in line of sight of a **yourtown** worker; or they are a friend or family member visiting a client at a residential service.)
- They must always behave consistently with relevant aspects of the Code of Conduct (for example, they must not be under the influence of illicit drugs or alcohol, and appropriate language must be used at all times), and
- They must maintain confidentiality before, during and after the visit.

10.11 Reporting safety concerns and incidents

10.11.1 What must all team members report, and how?

All team members must report any safety concerns, hazards and incidents to their immediate supervisor and ensure that the incident is reported in QIS, including client and team members incidents. This may also involve additional reporting in the Client Information System (CIS).

10.11.2 What must the Program Supervisor (or incident reviewer) do?

The Program Supervisor, or where relevant the delegated incident reviewer, is responsible for investigating all incidents and for developing appropriate control measures to prevent reoccurrence, with support from relevant specialists.



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Role	Responsibilities
Work, Health and Safety (WHS) Manager	Contribute to reviewing compliance with safeguarding requirements that relate to physical environments, including workplaces and equipment.
	Provide a report on all client-related safety incidents involving children, young people or adults at risk recorded in QIS.

11 appropriate contact

11.1 Line of sight

Consistent with the National Catholic Safeguarding Standards, **yourtown** team members are not to be alone with children in a face-to-face setting in the course of their work unless there is line of sight to an approved adult (as defined in the Glossary). This can include another **yourtown** team member, a schoolteacher, or where team members are in a residential setting, a family member. The following should be considered:

- In instances where it is not possible to have more than one team member present physically or virtually, and where it is not appropriate to have line of sight to another team member or family member due to the nature of the service, then an alternative measure can be implemented to ensure child safety.
- Service/Program Managers are responsible for seeking approval for any alternative measures by:
 - recording the identified risk in the safeguarding risk assessment,
 - including an appropriate mitigation strategy, and,
 - obtaining approval by the relevant Department Head.
- The Safeguarding Committee will annually review any alternative measures approved across **yourtown**, using the process to facilitate opportunities for enterprise-wide learning and development. Where required/appropriate, the Work, Health, and Safety Manager, in consultation with the Program/Service Manager, should make adjustments to the layout of workplaces where there is an identified need for team members to meet one- to-one with children and young people, so that there is line of sight to an approved adult.
- Service/Program Managers are responsible for reviewing current workplaces/sites against compliance with line-of-sight requirements.

11.2 All team members must uphold ethical and professional standards

All team members should behave in a way that is consistent with the Ethical Code and Practice Policy in Client Service Delivery, including:

- establishing professional boundaries with clients to ensure team members are acting in the best interests of the client and avoiding conflicts of interest,
- not contacting clients outside of working hours, unless it involves communicating with a client for a prescribed 'on-call' responsibility, and
- not making any personal disclosures to clients.

All team members should follow **yourtown**'s Appropriate Contact Guidelines when working with children and young people. The Guidelines acknowledge that there may be some scenarios where physical contact between team members and children and young people is required, and where



that is the case, provides principles to guide appropriate contact. Team members should use verbal and visual directions, rather than touch, wherever possible.

11.3 All team members are responsible for reporting inappropriate or unlawful behaviour

All team members who observe any inappropriate, unlawful or questionable behaviour in the course of their work must report the behaviour. Any instances of child abuse, harm or risk of harm, or neglect must be reported as per the relevant mandatory reporting laws for the state or territory (refer to Appendix 3 for the mandatory reporting laws for each jurisdiction in which **yourtown** operates). The **yourtown** Reportable Conduct Scheme Policy can be used to support this decision.

Inappropriate, unlawful, questionable behaviour or any reports of a worker who is alleged of having harmed a child must also be reported and investigated internally as per the process outlined in section 16 and **yourtown's** Reportable Conduct Scheme Policy and/or Critical Incident Reporting and Management Policy.

Should a team member require guidance or support in reporting, they can consult with their Line Manager, or if the concern is about their Line Manager, the Head of the relevant Department.

12 responding to discrimination, bullying, harassment, and other inappropriate behaviours

NOTE: If you or anyone is in immediate danger, withdraw from a violent situation and call 000.

yourtown is committed to providing a workplace free from discrimination, bullying and harassment and other inappropriate workplace behaviours such violence and aggression, and illicit drug and alcohol use. **yourtown** has a zero-tolerance approach to such conduct, as reflected in our Code of Conduct.

12.1 All team members are responsible for ensuring discrimination and inappropriate behaviours do not occur

All team members must report any inappropriate behaviour or inappropriate conduct to their Line Manager or if the concern relates to their Line Manager, to the Head, of the relevant Department, or People and Culture as soon as possible.

Team members must, in consultation with their Line Managers, consider the most appropriate course of action, including:

- external reporting obligations in the relevant jurisdictions, such as mandatory reporting obligations in relation to suspected child abuse, harm or risk of harm or neglect (see Appendix 3), and reportable conduct schemes,
- discrimination and harassment laws in the relevant jurisdictions,
- internal complaints and investigations, and
- critical incident processes and procedures.

12.2 Responding to inappropriate, criminal conduct by team members and third parties – reportable conduct

yourtown is subject to reportable conduct schemes in New South Wales, the Australian Capital Territory, and Victoria. Responses are governed by **yourtown's** Reportable Conduct Scheme Policy.

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12.3 Discrimination, bullying and harassment

yourtown is committed to providing a working and learning environment that is safe, respectful and free from discrimination, racism, bullying and harassment.

yourtown has a zero-tolerance approach to such behaviour. All team members are responsible for identifying and reporting suspected discriminatory, bullying, racist or harassing behaviour that involves children, young people or adults at risk, or s, regardless of whether it is observed at a **yourtown** physical or virtual site, or while participating in a **yourtown** activity or program.

All members of the **yourtown** community should understand what discrimination, racism, bullying, and harassment are and know what to do when they occur.

12.3.1 All team members are responsible for supporting and reporting children, young people, and adults at risk

Team members working directly with children, young people and adults at risk must support:

- clients and others that engage with **yourtown** to bring forward any concerns about discrimination, racism, bullying and harassing behaviours by any team members or other clients, and
- clients and others that engage with **yourtown** with advice on appropriate ways to respond to discrimination, racism, bullying and harassment, and to report the behaviours should they choose to do so.

If a child, young person or adult at risk believes they have been subjected to discrimination, racism, bullying or harassment, or has witnessed such behaviour at a **yourtown** workplace or during a **yourtown** activity, team members should encourage the person to report it.

Team members should also independently report the matter to their Line Manager, or if the allegation is against their Line Manager, report the behaviour to People and Culture. Team members should be aware of the following:

- A formal complaint can be made in writing or verbally
- The complaint can be made to any **yourtown** team members, or by completing the online form at www.yourtown.com.au/give-feedback
- The complaint should set out who the complaint is about, and any details of the discriminatory, racist, bullying, or harassing behaviours, including where or when it happened
- The client should be advised that the complaint will be taken seriously, and that **yourtown** will get back to them as soon as the complaint has been investigated.

12.3.2 What do I do if I think a **yourtown** client is being discriminatory towards another client?

If you believe a client is being discriminatory towards, racist, bullying or harassing another client or **yourtown** team member/s, you should discuss an appropriate course of action with your Line Manager, or for client facing team members, with your Practice Supervisor.

If you believe a client is at risk of, or has been subjected to harm, or abuse by another client, you should discuss an appropriate course of action with your Line Manager, or for client facing team members, with your Practice Supervisor. This includes considering reporting requirements under mandatory reporting laws (Appendix 3) or reportable conduct schemes (see Reportable Conduct Scheme Policy).

If the person's behaviour breaches any client agreements or codes of conduct, the person may need to be exited from the program.



Other affected people should be provided with appropriate supports, including supports to self-advocate or contact an external advocate about their concerns, or counselling services.

12.3.3 Do I have to report to anyone else externally?

You must, in consultation with the Department Head, and Head of People and Culture, consider whether the discriminatory, racist bullying and harassing behaviours warrant any external reporting, including to appropriate authorities such as the police, eSafety Commission, or relevant anti-discrimination or human rights commissions.

Sections 13.3 and 13.4 outlines responsibilities in relation to preventing and responding to discrimination, racism, bullying and harassment online, including ensuring that any online forums and social media sites are appropriately monitored and moderated, and that anyone who engages **with yourtown** online forums and social media are aware of our zero- tolerance approach to discrimination, racism, bullying and harassment.

12.4 Violence and aggression

yourtown provides ongoing staff development, supervision and support including training on de-escalation to all team members that work in client-facing roles. Training must be reviewed and updated every three years at a minimum.

yourtown recognises that certain hazards, such as working with distressed or angry people, or working alone or at night, may give rise to an increased risk of violence, and that the most effective control measure is to eliminate or reduce any risks.

12.4.1 What does **yourtown** have in place to keep staff and clients safe?

A range of security and work systems are in place at **yourtown** to reduce hazards and the risk of violent situations, and to keep staff safe in the event of a violent situation, including:

- providing security measures to prevent, restrict or control access to the workplace, particularly at night,
- ensuring that team members required to work at night do not work alone. Where this is not possible/practicable, staff working alone on site at night will have an on-call worker and Manager they can contact ensuring that, outside of business-as-usual practices and where team members might feel unsafe, processes are in place to ensure they can check in with Managers when leaving work and arriving home late at night
- providing clearly visible CCTV in a number of common areas at workplace sites where team members are required to work alone or at night,
- providing team members in residential settings with a safe retreat to avoid violence and safety wrist watches to call for assistance in emergencies and when they do not have their mobile to hand,
- displaying posters and instructions visibly in the workplace, or ensuring that client agreements are in place, which clearly note that violence and aggression is not tolerated, and that appropriate action will be taken to protect people from violence, and,
- having policies and procedures in place to prohibit alcohol and illicit drug use consistent with section 12.5.

12.4.2 What is a Line Manager's responsibility in relation to safety and training?

Line Managers are responsible for ensuring the outlined measures are in place, monitoring the ongoing functioning of security systems and ensuring that their teams are aware of these processes.

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Line Managers, in consultation with their Department Head, are to identify any team members that require training in recognising signs of escalating behaviour, warning signs that may lead to assault, and de-escalation skills and strategies. Line Managers must ensure those team members have attended training as soon as possible.

The training modules include:

- course 1: De-Escalation
- course 2: How the body responds to stress, and
- course 3: Managing Client Aggression (subject to budget considerations).

Line Managers, in consultation with their Department Head, are to identify any team members who require self-defence training, and to ensure that those team members have attended the training as soon as possible.

Line Managers or Department Heads, in consultation with the Work, Health and Safety Manager, should develop emergency response plans in relation to violent behaviours, if such a plan has been identified as required through the Safeguarding Risk Assessment. Where relevant to their role, Managers should ensure relevant team members complete de-escalation training.

12.4.3 All team members are responsible for knowing their local emergency response plan

All team members must know and understand the emergency response plans for their service and/or location.

In the event of a violent situation, team members should follow the emergency response plan in place for their service or location.

If in doubt, team members should:

- seek assistance by speaking with a colleague or, where appropriate/available, by setting off the duress alarm or safety watch, or by calling 000 on the phone,
- use calm verbal and non-verbal communication,
- use verbal de-escalation and distraction techniques,
- ask the aggressor to leave the premises where it is safe and possible to do so, and,
- retreat to a safe location.

It is always preferable to withdraw from a violent situation.

12.4.4 What should I do after a violent incident has occurred?

Immediately after a violent incident, team members should:

- ensure that everyone is safe,
- apply first aid and/or seek medical assistance, if needed,
- provide individual support where required, including practical, emotional, and social support, and,
- report the incident.

Following an incident, **yourtown**'s Workplace Incident Report Guidelines should be followed (a report must be put into QIS). Team members must also notify your Manager and the Work, Health, and Safety Manager immediately if the incident results in a fatality or someone requiring immediate hospital treatment. If the incident is a notifiable incident under Work, Health and Safety legislation, the Work, Health, and Safety Manager will be required to notify the relevant state safety authorities.



12.5 Illicit drug and alcohol use

12.5.1 Team members should not use or be under the influence of illicit drugs or alcohol at work

Team members are not to use illicit drugs or alcohol at any **yourtown** service or workplace and must not present to work while under the influence of alcohol or prohibited drugs.

All team members are encouraged to take an active role in ensuring the safety of everyone at their workplace. Anyone who becomes aware of another person engaging in illicit drug or alcohol related activities in the workplace must advise their supervisor or Manager immediately, or where the Manager is involved, Head of the Department, or People and Culture.

12.5.2 What if a client comes to a **yourtown** site or program under the influence of alcohol or drugs?

Any client consuming alcohol and/or using prohibited drugs, or displaying the effects of having done so, at a **yourtown** service or workplace cannot remain at site and should be assisted to safely return to their home.

San Miguel residents must comply with the San Miguel - Substance Use Procedure. All other residential sites must comply with requirements regarding alcohol and drugs set out in their respective residential agreements.

Following an incident, a review meeting should be scheduled between the client, their **yourtown** worker and the Line Manager to discuss the incident and clarify expectations prior to the client resuming participation in the program/service. The client should not be permitted to continue participation in their program/service without agreeing with the client on a plan for the reduction or cessation of use.

13 maintaining a safe online environment

Safe online environments actively promote safety and wellbeing, while minimising the opportunity for children, young people, and adults at risk to be harmed.

13.1 All team members must maintain appropriate online conduct in private and in public

All team members are expected to conduct themselves appropriately online with regard to the safety of children, young people and adults at risk both when at work and in their private lives.

13.2 All team members must comply with yourtown's policies whether using yourtown or private devices for work

All team members' access to, and use of, **yourtown**'s online environments must be in line with the Code of Conduct, Mobile Device Policy, and the Social Media Policy.

All team members must read and understand the following policies and procedures relating to online safety and complete the following training courses:

- Code of Conduct, and Code of Conduct online course
- Information and Communications Technology (ICT) Acceptable Use Policy, and
- Social Media Policy, and
- Mobile Device Policy (where team members use a **yourtown**, or personal mobile device for **yourtown** purposes).

Where relevant to the role or location, team members should also complete the:

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- Virtual Services Child and Youth Risk Management Strategy, and
- Milton Corporate Compliance online course.

13.3 Promoting online safety

yourtown helps children, young people, adults at risk, clients and users of its websites and online forums to understand online safety risks and empowers them to keep themselves safe online.

All client-facing team members are trained in providing advice on online safety, including on the appropriate use of social media, sharing information online, and sharing images.

All client-facing team members and team members engaged in monitoring **yourtown**'s websites and online forums should be equipped to respond to, or provide advice on, disclosures and reports relating to all forms of online harm, risk of harm, neglect, or abuse, including image-based abuse, cyber abuse, cyberbullying, and illegal and harmful content. Where training and advice is required, team members should contact the social media team for support.

yourtown develops and delivers training and materials for children, young people, adults at risk, and website users in relation to online safety, and promotes the use of these training materials and content on our websites.

13.4 Delivering services safely online

All team members working online with children, young people, and adults at risk must comply with the Ethical Code and Practice Policy in Client Service Delivery.

13.4.1 Line Managers must ensure there are safe procedures, protocols, and guidelines for online activities

The Line Manager of a service/program within **yourtown** that provides services online, conducts activities online or hosts social media pages where external participants and users can engage with each other or publicly with **yourtown** team members, is responsible for ensuring that there are:

1. Internal practice and procedures in place to ensure the safety of online participants, including:
 - guidance for team members about responding to duty of care matters in an online setting, in a way that is relevant and tailored to the specific nature of the service or activity being provided online, having regard to the age and other needs of the audience or participants and users,
 - guidance for team members around identifying and responding to cyberbullying and other forms of online harm, risk of harm, abuse and harmful online content, and
 - protocols for monitoring and moderating online forums, where relevant.
2. Moderation protocols for **yourtown** online forums where external participants and users can engage with each other. Protocols include, at a minimum:
 - how often the online forum should be reviewed, how to respond to safety concerns and potential duty of care matters (including potential disclosures of harm, child abuse, mental health or suicide concerns and risks)
 - how to respond to harmful content and cyberbullying, and
 - links to the behavioural guidelines for external participants and users that are in place for the relevant online forum.
3. External behavioural guidelines in place for participants and users of the **yourtown** online forum that set out the rules and standards for engaging on the online forum. Users must be advised of the behavioural rules and standards contained in the guidelines in easy-to-understand language, and the guidelines

must be easily accessible on the online forum. The guidelines should:

- include behavioural standards setting out, at a minimum, that all users must ensure their interactions with all other users are appropriate, respectful and safe all times,
- affirm that **yourtown** has zero tolerance for discrimination, racism, cyberbullying and other harmful forms of online content,
- be clear on the consequences of breaching the guidelines, including that content will be removed and, depending on the nature of the breach, the user may be banned from participating on the online forum and potentially reported to the police,
- include information to support users to provide feedback and understand how to make a complaint if they have any concerns, and,
- advise users that the online forum is monitored and moderated by **yourtown** team members.

13.5 Safe and inclusive websites

yourtown aims to create culturally safe and inclusive online environments, where users and participants from all backgrounds will feel safe, and be safe, in engaging about the issues they are facing.

Young people have told **yourtown** that they prefer images and visual representations on websites that capture real emotion and that are culturally ambiguous and gender diverse.

Team members should, where possible, engage with children, young people and adults at risk from a range of backgrounds when developing websites and website content, to ensure resources are safe, inclusive, accessible and respectful of diversity, and provide mechanisms for children, young people and adults at risk to provide ongoing feedback.

yourtown's websites must:

- include information on rights, safety, and privacy,
- present content in easy-to-understand formats, particularly for children and young people, with consideration given to the needs and ages of the potential audience
- include clear and obvious 'call to actions', easy to access information for users, potentially triggered by the content to seek help, and links to other support services, including Kids Helpline, 1800 RESPECT and Lifeline,
- include clear and obvious content warnings in relation to any content that may be distressing,
- contain safety controls, such as quick exits, and,
- include an option for users to provide feedback or complaints, supported by an internal quality improvement system.

13.5.1 Responsibility of the Head responsible for digital content on websites and platforms

The Department Head responsible for website or digital platform content should, where possible and appropriate, ensure that **yourtown** websites or digital platforms used for the purpose of engaging children, young people and adults at risk contains:

- content that has been created in consultation with young people and/or people with lived experience of mental health concerns, abuse, and other forms of harm
- content that is inclusive and respects diversity, including Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse

- backgrounds and LGBTIQ+ communities
- links to relevant support services that are appropriate to the target audience, and
- subtitles for video and audio content.

Clinical-based content describes content that is either psychological in nature or that could reasonably cause physical or psychological harm. In addition to the above, clinical-based content on **yourtown**'s website must be reviewed and approved by clinicians with relevant tertiary qualifications and expertise in psychology or a related discipline.

Content created or provided by a young person, or other site user, must follow the content creation process outlined in the Kids Helpline Digital Content Creation Process.

13.6 Social media

yourtown has a strong presence on a range of social media platforms and maintains a diligent approach to ensuring Duty of Care online.

All team members that use or have access to any **yourtown** social media sites must adhere to the Social Media Policy, and the Ethical Code and Practice Policy in Client Service Delivery.

Where possible on the platform, all **yourtown** social media sites should clearly specify that **yourtown** has a zero-tolerance approach to online abuse and bullying, and that any potentially harmful content will be removed.

Social media sites, including the comment sections must be monitored at regular intervals within each 24-hour period, for example checks completed at 8am and 8pm. Moderators should remove any harmful content or comments posted by users as soon as possible, and no later than 24 hours of it being posted.

Disclosures relating to all forms of abuse, harm, risk of harm or neglect that are received via social media must be responded to in accordance with section 14 of the Policy, including mandatory reporting requirements (see Appendix 3), where relevant. The person responsible for monitoring the social media site must reach out to the person that has disclosed information to provide support as soon as possible, and then escalate as required.

Relevant Line Managers with subject matter expertise must be given access to the draft, unpublished social media schedules. It is the responsibility of these Line Managers to check the social media schedule and flag any concerns prior to content being published.

Clinical-based content or user-generated content used on social media must comply with section 13.3 of the Policy, and where relevant, the Kids Helpline Digital Content Creation Process.

13.7 Photos, videos, and audio recording

13.7.1 Who is permitted to take photos, videos, and audio recordings physically or virtually, or at a site?

All team members, and approved visitors are permitted to take photos, videos and audio recordings of children and young people, adults at risk and other clients at a **yourtown** physical or virtual site for the following purposes only:

- identification cards and records
- media, marketing, and promotion, including **yourtown**'s social media and websites
- significant events, or moments at services and programs, or as part of consultations or research, and
- work, health and safety investigations and critical incident reporting and investigations.

Families and friends visiting clients residing at a residential service are not captured by section 10.10 as it relates to the specific client and their children being visited. Visitors of clients in residential services are not permitted to take photos of team members, other residents, or their children without the other person's consent.

Team members must never publish an image or video taken of another person when at **yourtown** without their consent.

13.7.2 How is permission obtained?

All team members and approved visitors are permitted to take photos, videos, or audio recordings of a client, if that client (and their parent/ legal guardian) has provided informed consent, only as follows:

- **in writing**, using the Publication of Images and Work Consent Form. Clients must be provided with a copy of the Publication of Images and Work Information Sheet before providing their consent.
- **if the client is under 18**, a parent/legal guardian must provide consent in writing on the Publication of Images and Work Consent Form (Parent/Guardian), and
- where the client is a Social Enterprise Client, or young parent at a residential service and they are under the age of 18 (and not younger than 16), they may provide consent in writing without parental/guardian consent if they understand what they are consenting to, and the consent is witnessed by a staff member.

Photos or videos must not be used by **yourtown** team members for any other purposes than those consented to by the client.

Photos, videos, or audio recordings taken online of children under the age of 18 are not permitted without verifiable written consent from a parent/legal guardian.

13.7.3 What should the client be told?

It must be clearly communicated to the client (and the parent or legal guardian):

- how the photos or videos will be used, including where, how, for how long the image will be available for use by **yourtown**
- whether it will be used on social media and internet sites where **yourtown** will not be able to control further use and distribution, and
- the client can withdraw their consent at any time.

Clients should be:

- provided with a **contact email** and **name of a person** to contact should they wish to withdraw their consent, and
- advised that, because of the permanency of the internet, withdrawal of consent may not always lead to the removal of an image online.

13.7.4 What is the responsibility of the Line Manager?

The Line Manager of the service/program or workplace where the photos, videos or audio recordings of clients will be taken must be consulted prior to any photos or videos being taken.

The Line Manager is responsible for ensuring that any clients or participants have completed and returned their consent form relating to the taking and use of photos, videos, and audio recordings. Managers can delegate this responsibility. Appropriate electronic records must be kept using an approved and secure record keeping system.



13.7.5 What is the responsibility of team members?

All team members involved in an activity where photos, videos and/or audio recordings are being taken are responsible for scanning the environment to ensure there are no accidental breaches of privacy or confidentiality. This could include, for example, that no personal information is on display, and that media are not in proximity of counsellors who are undertaking sessions with clients when filming.

Team members must not let visitors at **yourtown** workplaces or sites to take photos or videos unless:

- it is for one of the approved purposes
- has been agreed by the relevant Line Manager at **yourtown**
- written consent has been obtained from clients or participants using the consent form, and
- any approved **yourtown** visitor induction process is adhered to.

External photographers brought in by **yourtown** must be supervised at all times and are not to be left unsupervised with children.

All team members admitting third-party providers, or visitors onsite, must advise them of **yourtown**'s policy in relation to the taking and use of photos, videos and audio recordings. Written contracts with third-party providers should include the relevant contract clause from the Guide to Working with Safe Organisations, where appropriate.

13.8 What is the responsibility of the broader yourtown 'community'?

Where practicable, clients or participants in **yourtown** programs, services and projects, and family members or friends of clients, should be discouraged from taking or sharing photos of other clients or participants.

Annual Safeguarding Audit	
yourtown routinely monitors the online environment, reporting and responding to breaches of its Code of Conduct and safeguarding policies in accordance with our disciplinary, complaint handling and other relevant processes.	
Role	Responsibilities
Learning and Development Consultant	Ensure all team members have completed the mandatory training relating to online safety
	Provide a report on training compliance as part of the Safeguarding Audit
Line Managers	Ensure their team members complete the mandatory training
Department Heads	Provide a report on any complaints received in relation to online conduct
	Provide a report on any breaches in relation to online conduct

14 responding to harm

At **yourtown**, safety, welfare and wellbeing are central to our values, actions and services, and in how we work and engage with children, young people, adults at risk.

To meet the highest standards of care for people that are experiencing harm, or may be at risk of harm, **yourtown** has a range of policies, procedures, and other measures in place to ensure:

- our services and activities are designed to prevent harm (see section 10),

- promote safety and self-advocacy (see section 9) and provide information for clients about how to access independent advocates, and
- age-appropriate and trauma-responsive approaches are used when responding to concerns, disclosures and allegations relating to risk of harm (see section 14.3).

14.1 Responsibilities

14.1.1 What is required of all team members?

All team members must:

- be appropriately qualified and screened in accordance with legal requirements (see section 6)
- have the knowledge, skills and training to identify harm and understand their obligations relating to Duty of Care
- apply due care and diligence in decision making in accordance with the Duty of Care information guide for the particular service (including, for example, the On-Site Duty of Care Information - Working with 'At Risk' Clients Procedure, and the Duty of Care Flowchart)
- act ethically and responsibly with a high level of accountability, consistent with the Code of Conduct and the Ethical Code and Practice Policy in Client Service Delivery,
- comply with mandatory reporting (Appendix 3) and reportable conduct obligations, and
- apply good reporting practices beyond what is required by law, (see sections 14.2 and 14.3).

14.1.2 What must team members do if someone is at risk of harm?

All team members must respond appropriately, and in a timely manner, to situations where someone is identified as being at risk of harm. Team members must know how to:

- identify when there is a Duty of Care concern, including when someone is at risk of harm from others to others, or to themselves
- assess the level of risk, and
- implement and follow relevant Policies and Procedures (see sections 14.2 and 14.3).

yourtown employs a collaborative and consultative approach to managing Duty of Care situations. This means, team members should discuss concerns about client safety and wellbeing with their Line Manager, and/or Senior/Practice Supervisor. Where specialist advice is required, in complex matters, contact the:

- Principal Advisor (Complex Mental Health)
- Principal Advisor (Sexual Abuse & Exploitation), or
- Clinical Governance Adviser.

14.2 Recognising and responding to the signs of harm

yourtown provides training to team members to equip them to:

- be aware of and understand the nature of different forms of harm
- recognise signs and indicators of harm
- understand the nature and impact of harm, and abuse
- understand the nature, factors, and impact of institutional harm
- identify risk factors of harm, including child abuse, such as grooming behaviours
- understand, identify harmful behaviours by a child towards another child, and
- recognise the risk factors that contribute to harm toward adults at risk, such as abuse of power; and exploitation, with a focus on those who are at increased risk.

14.2.1 What training must all team members complete in relation to recognising and responding to harm?

All team members must complete the following training courses:

- Safeguarding at **yourtown** online course
- Safeguarding Module 1: Understanding Abuse
- Safeguarding Module 2: Recognising and Responding
- Safeguarding Module 3: Reporting Requirements, and
- Reporting Child Sexual Abuse and Exploitation online course.

14.2.2 What other policies and procedures must all team members know about responding to harm?

All team members must read and understand this Policy, and the following policies and procedures:

- Practice Principles for Reporting Child Sexual Abuse/Exploitation
- **yourtown** Duty of Care Statement, and
- where relevant, any client safety and Duty of Care procedures for their particular program or service.

14.2.3 What must Line Managers do to make sure their staff have the skills and knowledge required?

Line Managers in client-facing areas must ensure all their team members have the skills and knowledge to identify potential signs of harm, including abuse and neglect, both in-person, and in virtual contexts. This can be achieved through strong recruitment standards, and close and ongoing supervision.

14.3 Responding quickly and appropriately to harm

NOTE: Call 000 if you have reason to believe anyone is at immediate risk of harm

yourtown has zero tolerance for inaction in responding to harm, including abuse or suspected abuse.

At **yourtown**, there is no wrong door for **anyone** to disclose or report **any form of abuse, harm or risk of harm, or neglect** whether it occurred at a **yourtown** site or outside of **yourtown**. **yourtown** provides training to provide team members with:

- the skills and knowledge to appropriately respond to and support children, young people, and adults at risk in bringing forward concerns, disclosures and allegations of harm,
- awareness, and understanding of their reporting obligations under federal, state and territory laws and other response options, including:
 - mandatory reporting to child protection authorities and/or the police (see Appendix 3)
 - reporting suspected criminal behaviour to police,
 - reportable conduct schemes (refer to the Reportable Conduct Scheme Policy), and
 - reporting to the eSafety Commission.
- an understanding of the importance of active bystander interventions.

14.3.1 What is the Line Manager's responsibility to ensure staff can respond appropriately to harm?

Line Managers must ensure that:

- All their team members have the skills and knowledge to respond to reports and disclosures in relation to harm, both in-person and in virtual contexts. This can be achieved through strong recruitment standards, close and ongoing supervision, as well as clear and effective practice guidance at a service level.
- There are clear business processes and procedures in place to support team members to respond to reports or disclosures of harm, including external and internal reporting and record keeping, that are relevant and appropriate to the nature of their service, program, or activity.

14.3.2 What must team members do if they suspect or receive a disclosure of harm?

Team members should be confident in their ability to respond appropriately to disclosures and reports relating to harm, including abuse, and neglect, and should understand their duties and obligations.

If team members receive a disclosure, notification or allegation relating to harm, whether this occurred at a **yourtown** site or outside of **yourtown**, they should:

- listen to the person without interrupting or expressing alarm
- be aware of the person's circumstances, especially those that increase their vulnerability
- gather key facts, including names, dates, and contact details (if possible)
- not dismiss the incident, even if they are unsure whether the person is making a disclosure or not
- tell the person that they have done the right thing in disclosing to them and acknowledge their courage in disclosing
- assure the person that being a victim of harm is not their fault
- explain to the person that you must report the disclosure and let them know what you will do next (if possible)
- tell the person **yourtown** is available to provide support to them, if required
- consider and meet all external and internal reporting obligations (outlined below), and
- follow all procedures relevant to your line area, for example:
 - On-Site Duty of Care Information – Working with 'At Risk' Clients Procedure
 - Site Duty of Care Information Guide
 - Site Client Safety Plan Information Guide
 - Counselling Centre – Duty of Care and Response to Risk Procedure
 - Virtual Services Duty of Care Guide.

Once a report has been made to the relevant authority, team members must:

- share relevant information if requested by the police or appropriate agency to investigate the suspected child harm or risk of harm/abuse/neglect
- notify their Line Manager of the report that has been made (if they were not already involved)
- maintain appropriate confidentiality, with due regard to the Australian Privacy Principles
- consider additional supports that might be helpful for the client or their family, for example a cultural healing service, a medical service, family support service or specialist counselling support service
- with permission, engage in 'wrap around care' with a person's other services and develop safety plans and educate around protective actions and



- behaviours, and
- encourage reconnection for ongoing support.

14.3.2 What must team members do if the allegation involves another **yourtown** team member?

If you are dealing with a situation that involves an allegation of abuse, harm, risk of harm, or neglect in relation to any **yourtown** team members, team members must:

- follow the steps outlined below to report the abuse, harm, risk of harm or neglect and support the person who has or is experiencing the abuse, harm, risk of harm or neglect and
- immediately advise your Line Manager, follow the appropriate internal complaint and investigation process and adhere to requirements under the relevant reportable conduct schemes (refer to the Reportable Conduct Scheme Policy).

14.3.3 External reporting obligations

All team members are expected to address any disclosures, concerns, or complaints, whether or not the law requires reporting. Mandatory reporting is just one component of good reporting and response practices.

14.3.4 Reporting harm

All team members must report all forms of harm, or risk of harm, such as child abuse (physical, sexual, or emotional) and neglect to the police or relevant child protection authority whenever:

- a child or young person discloses to you that they are being harmed, abused or neglected
- you form a belief that a child or young person is being harmed, abused or neglected, or is at risk of harm, abuse or neglect
- someone informs you that they know or believe a child or young person is being harmed, abused or neglected, and/or
- a child or young person discloses to you that they have been harmed or abused in the past and you believe there is a continued risk of harm to a child or young person.

If you believe a child or young person is in immediate danger, **contact police on 000**. Otherwise, you must report your concerns to the police or child protection authority in the relevant jurisdiction as soon as practicable, either by electronic notification or by telephone at:

State	Service	Phone number
South Australia	Child Abuse Report Line	13 14 78
Queensland	Child Safety After Hours Service Centre	1800 177 135
New South Wales	Child Protection Helpline on	132 111
Victoria	After Hours Child Protection Emergency Service	13 12 78
Tasmania	Advice and Referral Line	1800 062 123
Western Australia	Central Intake Team	1800 273 889
Australian Capital Territory	Child and Youth Protection Services	1300 556 729
Northern Territory	Child Protection Reporting Line	1800 700 250



14.3.6 Reporting child sexual abuse when a person is over 18 years of age

All team members who receive a disclosure about historic child sexual abuse/exploitation from a person who is 18 years or older, must report the abuse, unless the person expresses that they do not want to report it. If the person expresses that they do not want to report the abuse, but there is a known risk to other children or young people, you must report the abuse, irrespective of the person's views.

14.3.7 Reporting a criminal offence against an adult

All team members must report any criminal offence that has been committed against an adult at risk to the local police station. If you believe the person is in immediate danger, contact 000.

14.3.8 Online forms of harm

All team members who receive a disclosure or report about online harm, including abuse towards an adult or certain forms of online abuse towards children, and it does not meet mandatory reporting requirements outlined above as set out in Appendix 3, should encourage the person to report to the police or to the eSafety Commission, or should seek the person's permission to report the abuse on their behalf.

14.3.9 Informed consent and the limits of confidentiality

14.3.9.1 Reporting of allegations of harm should be discussed at induction or onboarding

As part of their introduction or on-boarding to a service, clients and participants should be advised that **yourtown** team members have an obligation to report child abuse, harm, risk of harm or neglect and other forms of abuse to the relevant authorities. Clients should be told in a way that is age-appropriate, and appropriate to the context in which they are engaged with **yourtown**.

14.3.9.2 Confidentiality and its limits should be discussed following disclosure or allegations of harm

When a client makes a disclosure, report or allegation relating to abuse, harm, risk of harm or neglect team members must:

- provide information about the limits of confidentiality, and
- follow the informed consent process used by their program or service area in relation to the disclosure or report of abuse, harm, risk of harm or neglect.

Team members should seek advice from supervisors around consent and confidentiality if unclear about reporting obligations.

14.3.10 Internal consultation and reporting

All team members must alert their Line Manager or Shift Supervisor of any Duty of Care situations as soon as possible and should seek advice from their Line Manager or Practice Supervisor if they are in doubt over the best course of action.

In addition:

- The Principal Advisor (Sexual Abuse & Exploitation) is available to provide advice on complex matters relating to child sexual abuse and exploitation.
- Team members in non-client facing areas should consult the Practice Unit for advice, where required.

The relevant Duty of Care form for your service should be used when reporting situations involving at risk clients at **yourtown** sites (for example, the Site Duty of Care Form is CIS). The completed form should be provided to the Practice Unit Manager within 48 hours.

All Duty of Care discussions and incidents regarding a client need to be recorded in CIS.

14.4 Responding appropriately to risk of suicide, self-injury, or harm to others

Due to the nature of **yourtown**'s services and activities, team members may be required to respond to emergency and other situations where an individual is assessed as being at risk of causing harm

to themselves or others, including suicide-related thoughts and behaviours, self-injury (or intent to self-harm), other psychiatric emergencies, as well as intent to harm others through violence or abuse.

14.4.1 What must a Line Manager do to ensure team members are equipped to respond in a crisis?

Line Managers must ensure that:

- all their team members have the skills and knowledge to respond to risk and threats of harm. This can be achieved through strong recruitment standards, support, including training and ongoing supervision, as well as clear and effective practice guidance at a service level, and
- there are clear business processes and procedures in place for their team members to respond to safeguarding risks and concerns that are relevant to the nature of their service, programs, or activities.

14.4.2 What should team members do if a client is in a life-threatening crisis?

All team members working directly with clients should know how to respond when it is identified that there is a serious and imminent threat to the life or the health of a person, when talking to a person over the phone, via webchat or via email counselling.

NOTE: When calling 000, provide all relevant information regarding risk, identity, and the location of the at-risk person. Emergency services will determine whether to intervene based on the information provided.

When speaking with a client and you identify a serious and imminent threat to the life or health of a person, team members should:

- encourage the person to call emergency services via 000 for immediate support if they can
- encourage them to provide their location and/or contact information and more detailed relevant risk assessment information if the person is unable or unwilling to contact emergency services themselves, and
- stay with the person, or remain on the phone (if possible), until help arrives (unless directed otherwise by emergency services).

All team members must alert their Line Manager of any safeguarding concerns as soon as possible and should seek advice from their Line Manager or Practice Supervisor if they are in doubt over the best course of action.

14.4.3 Who can team members go to for additional help to know how to respond?

The Principal Advisor (Complex Mental Health) is available to provide advice on complex matters.

Team members in non-client facing areas should consult the Practice Unit for advice, where required.

14.4.4 What policies and procedures do team members need to know regarding Duty of Care?

In addition to this Policy, all team members must read and understand all policies and procedures relevant to their line area and work responsibility from the following list:

- **yourtown** Duty of Care statement
- KHL - Police Intervention Protocols
- On-Site Duty of Care Information - Working with 'At Risk' Clients Procedure
- Site Duty of Care Form

- Duty of Care Information Guide
- Duty of Care Cases Handover with Supervisors Procedure
- Duty of Care and Call Procedure – Skype Calls
- Counselling Centre - Duty of Care and Response to Risk Procedure, and
- CPP Duty of Care Procedure.

14.4.5 How do I record this event?

All Duty of Care situations must be logged in CIS.

Annual Safeguarding Audit	
Role	Responsibilities
Clinical Governance Specialist	Provide a summary of key areas for improvement based on duty of care file reviews and audits from the Practice Supervisor.
Head of People and Culture	Provide a report on staff compliance with mandatory training requirements.
Line Managers	Ensure staff compliance with duty of care obligations
Practice Supervisor	Provide the Clinical Governance Specialist with a summary of key areas for improvement based on duty of care file reviews and audits
Learning and Development Consultant	Ensure compliance with the mandatory training requirements outlined in section 14
	Provide a report on training compliance as part of the Annual Safeguarding Audit

15 working with safe organisations

yourtown works with a range of organisations to deliver quality services. When people engage with **yourtown**, or with services where **yourtown** sub-contracts in the delivery of direct client activities, they must receive services and support that are safe and delivered in a safe environment, regardless of whether they receive the service or support directly from **yourtown**, or through a third party.

15.1 What other documents are there to help understand safeguarding and third parties?

The **yourtown** Guide to Working with Safe Organisations has been developed to ensure the safety of children, young people and adults at risk that may engage with third party organisations with which **yourtown** works and/or refers clients to. It provides team members with the tools required to understand and extend relevant safeguarding obligations.

15.2 Where can team members go to find preferred providers that comply with safeguarding at yourtown?

The **yourtown** Preferred Provider Register (on the Safeguarding SharePoint) provides a place for team members to record information relating to third parties' safeguarding requirements and to provide team members with easy to access information about a range of organisations that have been assessed as having sufficient safeguarding policies and procedures (or other measures) in place. The Preferred Provider Register must be updated by team members when they are entering into new or revised agreements with external organisations.

The Procurement Manager is responsible for maintaining the Preferred Provider Register.

15.3 What happens if someone makes an allegation of being harmed by a yourtown third-party provider?

yourtown will respond to any concerns regarding client safety with our third parties, including any concerns raised via complaints, as well as any issues identified through active, internal monitoring of compliance. All team members should empower their clients to advocate for their own safety and support them to do so.

For the purposes of section 15:

- an 'organisation' refers to external organisations or third parties (including 'providers' or 'suppliers') and can include individuals such as sole traders or self-employed persons. If the individual is being contracted as a non-ongoing staff member to perform internal duties for **yourtown**, then section 6 of the Policy applies, which relates to Recruitment, Screening, and Induction requirements for **yourtown** team members, including contractors, and
- all types of organisations and all types of working relationships, including those involving direct and indirect contact with clients; formal or informal arrangements; relationships that are regular, ongoing, as well as referrals or engagements that are once-off or ad-hoc are included. This includes both paid and unpaid arrangements.

15.4 What is the responsibility of all team members when engaging and working with third-party providers?

All team members are required to take steps to ensure that **yourtown** only partners with, and refers clients to, safe organisations and how this can be achieved is set out in the Guide to Working with Safe Organisations.

Before commencing work with any organisation, or referring a client to another organisation, if the organisation is not listed in the Infoxchange Service Directory, team members must:

- undertake or update a Safeguarding Risk Assessment in relation to working with, or referring a client to, another organisation, or ensure you are familiar with the Safeguarding controls outlined in an up-to-date Safeguarding Risk Assessment
- review the Preferred Provider Register to check whether the preferred organisation has been assessed as having safeguarding policies, procedures, and other measures in place, and/or take other steps to assess the safeguarding credentials of an organisation you intend to work with or refer clients to
- apply appropriate safeguarding requirements and obligations, in consultation with your Line Manager, and
- be aware of financial delegations and other finance related policies and procedures.

At a minimum, all organisations **yourtown** works with that will be working directly with **yourtown** clients who are under 18 years old, must provide evidence that:

- they have implemented the National Child Safe Principles or are able to comply with this Policy, and
- all their staff working directly with clients aged under 18 years have had their Working with Children Check verified for accuracy before commencing on the service or activity.

All team members involved in drafting and negotiating contracts, Memorandums of Understanding (MOUs), and other forms of written agreements are responsible for ensuring the written agreements contain appropriate safeguarding conditions and obligations. Team members must refer to the

flowchart in the Guide to Working with Safe Organisations on safeguarding written agreements to determine the most appropriate clauses to use and safeguarding clause bank to select the appropriate clauses.

Line Managers are responsible for ensuring that their providers and suppliers (and other organisations they work with) comply with relevant safeguarding obligations and requirements, as well as any other conditions that have been agreed, and that appropriate record keeping is maintained using the Preferred Provider Register. Managers can delegate responsibility for monitoring compliance and record keeping to their team members.

As part of standard practice, all team members should ensure clients are aware of their rights and provide them with information on how and where they can report any concerns about their safety, which may include making a complaint to **yourtown** or contacting the police.

All team members are responsible for following any **yourtown** approved visitor induction process when inviting and escorting visitors at any of **yourtown**'s workplaces or services

Team members should contact the Procurement Manager in relation to any questions or advice they have in relation to third-party providers.

Annual Safeguarding Audit	
Role	Responsibilities
Procurement Manager	Review compliance with section 15 of the Policy as part of the Annual Safeguarding Audit. This includes: <ul style="list-style-type: none"> • Reviewing staff usage of the Preferred Provider Register • Reviewing contracts that have been finalised during the audit period and providing information on the compliance rate of including the appropriate safeguarding clauses • Providing advice on the number and nature of any complaints received by yourtown in relation to its third parties, and • Providing advice on the number and nature of any critical incidents or complaints received by yourtown's third parties in relation to the activities in which yourtown works with that third party.

16 managing complaints and encouraging feedback

16.1 Overview

yourtown wants every person who engages with **yourtown** to know, understand and exercise their right to express their views, give feedback and make complaints about their experience with **yourtown**.

16.2 Any door is the right door

yourtown is committed to 'any door is the right door' approach to encouraging feedback and managing complaints. This means:

- **yourtown** is committed to making the feedback and complaints system accessible to all people by ensuring that any method they choose to voice their concerns is the right one and will result in the matter being taken seriously
- **yourtown** will ensure any matter raised is directed to the most appropriate place, regardless of the method or platform chosen to raise it
- Varied pathways about how to offer feedback or make a complaint are available at **yourtown**, including:



16.2.1 What is the difference between feedback and a complaint?

Complaints involve a formal criticism of **yourtown** and can include any matter ranging from a general expression of dissatisfaction with a service or program or facility provided by **yourtown**, a particular experience with a person or persons involved with **yourtown**, an allegation of misconduct, policy non-compliance, harm, abuse or exploitation, or an issue with the complaints management process.

Feedback is information sought or received about **yourtown**. We use that information to inform service delivery and improvements. Feedback, as opposed to complaints, involves less serious matters that do not require a formal investigation.

16.2.2 What can a person provide feedback on, or complain about?

Feedback or complaints can be made to **yourtown** about any:

- aspect of **yourtown's** services and programs
- facilities **yourtown** provides or utilises
- practice, policy or procedure
- behaviour or conduct of **yourtown** team members
- decisions made about service delivery or programs, and
- organisation or service provider that **yourtown** works with or has referred a client to.

16.2.3 What must team members do if they receive feedback or a complaint?

Team members must record any feedback or complaint they receive from a client or stakeholder in QIS.

16.2.4 Who is responsible for determining if something is 'feedback' or should be classified as a 'complaint'?

The relevant Department Head is responsible for identifying whether the information is feedback, complaint, or other issue.

The Head may delegate this responsibility for identification to team members with suitable training and skills to make the identification.

16.2.5 What happens once **yourtown** has responded to, and closed a complaint?

Information received through feedback and complaints will be acted on and used to improve services, governance, and culture.



The following sub-sections of section 16 of the Policy relates to feedback and complaints that are received from clients or online users, their families, the community, and any other external parties.

Internal issues and grievances, and complaints raised by team members are managed in accordance with other sections of the Policy, and People and Culture policies and procedures, such as the Employee Grievance Procedure, the Code of Conduct and performance policies.

16.3 Complaint handling roles and responsibilities

16.3.1 How can team members receive a complaint?

A complaint can be received **directly** from the person making the complaint (e.g. a client, a family member, an external stakeholder or a member of the public tells you in person, over the phone or during an internet chat about their concern or an incident).

Complaints can also be received **indirectly** from the person making the complaint (i.e., the team members is a QIS gatekeeper, or the first person to open the complaint that has been sent to a general **yourtown** mailbox or provided as a comment on an online forum).

16.3.2 What is the role and responsibility of different team members when a complaint is received?

Role	Responsibilities
All team members	All team members involved in responding to, investigating, and managing client complaints are appropriately skilled, experienced, or trained.
	Read and follow the yourtown Guidelines for Client-friendly Complaints Practices, which outlines that all team members must: <ul style="list-style-type: none"> • Take all feedback and complaints seriously • Be aware that power imbalances may exist between the complainant and person being complained about, • Listen to and treat respectfully anyone making a complaint or providing feedback and support them to be actively involved in the process, where possible and appropriate • Team members actively prevent complainants from having to repeat their story as far as possible • Ensure no individual is disadvantaged in any way if they provide feedback or make a complaint about yourtown, and • Record any feedback or complaint received from a client or stakeholder in QIS.
	Follow the Practice Principles for Reporting Child Sexual Abuse/Exploitation where there is suspected current or historic child sexual abuse or exploitation
	Refer allegations that indicate a criminal offence to the police and, where appropriate, child protection services
First Responder	Receives, and provides the initial acknowledgement of the complaint.
	Confirms and record what steps have already been taken in relation to the complaint in any communications to ensure the complainant does not have to repeat their story.
	Acknowledges that power imbalances may exist between the complainant and person being complained about and discusses with the Complaint Manager ways to address them, where necessary.
	Ensures the complainant feels heard, believed, and assured that the



Role	Responsibilities
	<p>complaint will be taken seriously whilst bearing in mind that at this stage the complaint is an allegation and needs to be verified.</p> <p>Triages the complaint to the relevant Department Head to assign to the appropriate Complaint Manager.</p> <p>This should be the Head of People and Culture in cases where:</p> <ul style="list-style-type: none"> • The complaint involves an allegation against a yourtown team member, and • The complaint involves an allegation against your Department Head (referred in consultation with your Line Manager). <p>Complaints referred to the Head of People and Culture should not be discussed more broadly amongst team members.</p> <p>Immediately escalates the complaint to the CEO in consultation with the Department Head if the complaint has been made public via media or any other source.</p> <p>Enters details of the complaint into QIS.</p>
<p>Complaint Manager (nominated to manage a specific complaint)</p>	<p>Works directly with:</p> <ul style="list-style-type: none"> • the complainant to clarify information and expectations, and to provide information and answer questions. • relevant internal parties, including their Manager, and Head (where required), to determine the appropriate course of action to address the complaint, and the response that is to be provided to the complainant, and • family members, kin and/or legal guardian/s to keep them informed about the progress of the complaint and its investigation, where appropriate. <p>Ensures all steps outlined below have been followed. However, some of the steps may have been completed by the First Responder (where different to the Complaint Manager) before the complaint was allocated.</p> <p>Ensures relevant internal parties are consulted where appropriate.</p> <p>Liaise and work with the police and, where appropriate, child protection services, in relation to allegations that have been referred to them.</p> <p>Ensures they have their Line Manager's/Program Supervisor's approval (or Head's approval if required) before confirming and providing a response to a complainant.</p> <p>Seeks the Chief Executive Officer's agreement to an extension in time where a complaint cannot be resolved within 15 days. Reasonable grounds for an extension include where a matter may need to be referred for police investigation.</p> <p>Ensures appropriate records are kept.</p>
<p>Line Manager/Program Supervisor</p>	<p>Assumes the role of the Complaint Manager where delegated/appropriate, or closely supports the Complaint Manager.</p> <p>Ensures there are sufficient and appropriate avenues for clients and others to provide feedback and complaints about their program, service, or activity.</p> <p>Provides information and support to clients and others to encourage feedback.</p> <p>Educates their staff in relation to promoting feedback and responding to complaints, as per the Guidelines for Client-Friendly Complaints Practices.</p>

Role	Responsibilities
	Is aware of complaint response times outlined in the Policy and ensure there are business practices in place to ensure QIS, mailboxes and online forums are being actively monitored for complaints.
Procurement Manager	Provides advice to the Complaint Manager on complaints that involve third parties.
Enterprise Risk and Compliance Manager	Is notified, within 2 business days, when a complaint relates to harm, abuse or the safety of children, young people, adults at risk and other clients.
	Provides advice to the Complaint Manager and has oversight of all complaints that relate to the safety of children, young people, adults at risk and other clients.
	Where a complaint relates to child harm or abuse, the Enterprise Risk and Compliance Manager is responsible for managing enterprise-wide safeguarding risks and undertaking appropriate actions for improvement as part of the continuous improvement process.
Department Head	Allocates a complaint to a Complaint Manager and has oversight of all complaints in their Department via QIS and other reports provided by their managers. For areas that receive large numbers of complaints, the Head can delegate this role.
	<p>When allocating an appropriate Complaint Managers, a Head should have regard to the following:</p> <ul style="list-style-type: none"> • Team members must not manage complaints that relate to their own performance or conduct. • Complaints should not be allocated to a person or area where there may be a conflict of interest, or a perceived conflict of interest. This includes the Complaint Manager not having supervisory control or responsibilities connected to the team member involved in the incident. • Complaints relating to allegations about yourtown team members should be managed by People and Culture, and not by the relevant service area or Department. • That the Complaint Manager has the skills, knowledge, experience and/or training, and capacity and time to undertake the investigation.
	Determines whether the allegation should be referred to police, and/or other authorities.
	<p>Approves complaint responses that:</p> <ul style="list-style-type: none"> • relate to the safety of children, young people, and adults at risk, and • any other complaints that require escalation due to the sensitivities or complexities involved.
	Encourages discussion around any trends or emerging issues in relation to complaints and feedback and provide advice on direction to their Managers around the steps that can be taken to encourage feedback and address the issues raised through complaints.
	<p>Provides a report as part of the Annual Safeguarding Audit on the number and nature of complaints in relation to child safety, including:</p> <ul style="list-style-type: none"> • complaints that involve child harm or abuse • complaints relating to physical safety issues involving a child,

Role	Responsibilities
	<p>young person, or adult at risk.</p> <ul style="list-style-type: none"> complaints relating to online safety issues involving a child, young person, or adult at risk, and how many complaints were submitted by children and young people, and how many were submitted by adults at risk.
Manager responsible for allocating the complaint	Ensures the Department Head has appropriate oversight of the volume of complaints, and any complaints involving safety of children, young people, adults at risk and other clients.
Head of People and Culture	Allocates complaints that involve an allegation against yourtown team members to the appropriate Complaint Manager and oversees the investigation and resolution of these complaints.
	Receives all complaints (about yourtown and our third-party providers) that have been made public, via media or any other source.
	Investigates and manages all complaints that have been made public.
	Signs off on time extensions for resolving complaints beyond the 15-business day period outlined in this process.
	Receives a complainant's response when they are dissatisfied with yourtown's response to the complaint and responds to the complainant within 15 business days.

16.4 Process for responding to complaints

16.4.1 What should a First Responder do?

If you are a First Responder assigning a complaint to a Department Head for action, or you have had a complaint allocated to you from a Department Head, you must first confirm what steps have already been taken in relation to the complaint. This is to ensure complainants are not being asked to repeat their story, particularly in relation to situations that involve harm, including abuse.

16.4.2 What if the complaint is publicly known?

If the complaint (about **yourtown** or our third-party providers) has been made public via media or any other source, you must (in consultation with your Department Head) immediately escalate the matter to the CEO and refer the matter to the Office of the CEO for investigation and management.

16.4.3 What if the complaint involves an allegation against **yourtown** team members?

If the complaint involves an allegation against **yourtown** team members you must immediately (in consultation with your Department Head), refer the matter to the Head of People and Culture to determine the most appropriate Complaint Manager to oversee the investigation.

16.4.4 What if the complaint involves your Department Head?

If the complaint involves an allegation against your Department Head, you must in consultation with your Line Manager, immediately escalate the matter to the Head of People and Culture to determine the most appropriate Complaint Manager.

16.5 Complaints relating to safety

Prioritising safety is critical to **yourtown's** human-centered approach to feedback and complaints.

Team members should be confident and competent in responding appropriately to allegations or disclosures of harm, including abuse (see section 14).

Apply the practice principles in **yourtown**'s Guidelines for Client-Friendly Complaints Practices when responding to matters that involve harm, including abuse, including that:

- Safety and risk to safety should be assessed and reviewed regularly throughout each level of the complaint handling process.
- A trauma-responsive approach should be adopted as a precautionary response to potential disclosures or allegations of harm, including abuse.

16.6 Dealing with complaints that relate to yourtown team members

Where a complaint involves an allegation about **yourtown** team members, the First Responder and/or Complaint Manager must ensure the complainant feels heard, believed, and assured that the complaint will be taken seriously. However, it is also important to:

- be mindful that until an investigation has occurred, they are allegations only, and not facts
- ensure that information from complaints relating to team members must only be shared with the Head of People and Culture and the relevant Service or Line Manager. You should not discuss the matter more broadly with other team members and have regard for the privacy of the person who is the subject of the complaint, and
- be aware that the complainant, first responder and the Complaints Manager will not know what organisational processes and potential action/s have taken place with the staff member against which the allegations were made.

NOTE: Complaints relating to the performance or conduct of **yourtown** team members, must be addressed internally regarding performance management practices, and Code of Conduct Policy.

16.7 Responding to complaints that involve harm, or inappropriate conduct

16.7.1 What happens if a complaint involves an allegation of harm or inappropriate conduct?

yourtown takes allegations of harm (including abuse) and inappropriate conduct seriously. Team members should follow section 14 in recognising and responding to allegations of suspected harm.

Team members must refer allegations that indicate a criminal offence may have occurred to the police and where relevant, child protection services.

Where there is suspected current or historic child sexual abuse or exploitation, team members should also follow the Practice Principles for Reporting Child Sexual Abuse/Exploitation.

16.8 Complaints involving an allegation of harm, or inappropriate conduct against yourtown team members

16.8.1 What must happen immediately where the complaint of harm or inappropriate conduct involves **yourtown** team members?

If you receive a complaint or disclosure that involves an allegation of current or historic harm, abuse, or inappropriate conduct against a **yourtown** staff member must be **escalated immediately** to the relevant Department Head and the Head of People and Culture, and appropriate support must be offered to the complainant and/or their supporter. You must also **immediately** notify your Line Manager and cooperate with any internal and external investigations, where required. If a child, young person, or adult at risk is at imminent risk of harm, immediately call the police.

16.8.2 The safety of the complainant and person harmed must be prioritised

The safety of the person making the complaint and/or the person who was harmed/abused/neglected (where different) is paramount throughout the complaint management and investigation process. This involves, at a minimum:

- ensuring that any mandatory reporting requirements are met (see Appendix 3)
- regularly assessing the risks involved, and
- providing the complainant and /or their supporter with appropriate support.

Anyone involved in handling a complaint that involves abuse, harm, risk of harm or neglect must ensure that relevant details provided by the complainant (and the child or young person, if they are not the person who made the original complaint) have been understood and recorded.

Team members must actively ensure the complainant does not need to repeat information to prevent further trauma.

16.8.3 What must the relevant Heads do on receiving the complaint?

As soon as possible after receiving the complaint, the Head of People and Culture, and Head of the relevant Department must determine:

- whether the allegation should be referred to police, and/or other authorities, and
- appoint an appropriate person to undertake the role of Complaint Manager.

16.8.4 Who is responsible for referring the allegation involving **yourtown** team members to police or other agencies?

The relevant Head must refer allegations that indicate a criminal offence may have occurred to the police.

Where there is suspected current or historic child sexual abuse or exploitation, team members should also follow the Practice Principles for Reporting Child Sexual Abuse/Exploitation.

In addition to any criminal investigation that may occur, **yourtown** must comply with any applicable reportable conduct schemes where the allegation of abuse involves team members (see the Reportable Conduct Scheme Policy).

16.8.5 How should the complaint be managed?

The complaint must be managed and investigated in line with practices set out in the Client Complaint Investigation Policy, and Guidelines for Client-Friendly Complaints Practices,

Confidentiality and privacy must be maintained at all times in relation to the complainant (and the child or young person, if they are not the person who made the complaint) and the staff member against which the allegation has been made.

16.8.6 What else must the Complaints Manager do?

The Complaints Manager of any complaint that relates to harm or abuse must notify the Enterprise Risk and Compliance Manager within 2 business days, and provide them with de-identified relevant information (regarding privacy and confidentiality requirements) to ensure visibility of safeguarding risks within **yourtown** and to undertake appropriate actions as part of a continuous improvement process.

The Complaint Manager is responsible for ensuring all steps in section 16.10 are followed, regardless of whether some steps have been carried out by other team members.

The Practice Unit and Principal Advisor (Sexual Abuse & Exploitation) may be consulted for advice if needed and where appropriate within the confines of confidentiality and privacy requirements.

16.8.7 What if the allegations of harm involve a **yourtown** third party provider?

In addition to any criminal investigation that may occur, team members must comply with any applicable reportable conduct schemes where the allegation of harm involves a third- party provider (see the Reportable Conduct Scheme Policy).

16.9 Other complaints against yourtown team members

16.9.1 What happens when a complaint is received about team members unrelated to harm or inappropriate conduct?

If you receive a complaint that does not involve an allegation of harm, child abuse, or inappropriate conduct against a **yourtown** staff member, within **1 business day** of the complaint being provided to **yourtown** you must:

1. record the complaint,
2. respond to the complainant, and
3. ensure the safety of the complainant and/or person involved.

Record the complaint by notifying your manager and logging the complaint in QIS. If the complaint relates to another service area, include the email address of the relevant manager from that area when lodging into QIS and refer the matter to the appropriate Department Head via email for urgent action.

Respond to the person who made the complaint to acknowledge that you have received the complaint`.

Where possible you should respond in writing. Verbal acknowledgement at the time of the complaint being made may be appropriate if that is how the feedback or complaint has been provided by the complainant and keep a written record of the response. You may wish to request further information to assist with responding to the complaint, or you should advise the person making the complaint that you may be in contact shortly if you require additional information.

Ensure the safety of the person making the complaint and/or the person:

- You should offer appropriate support services to the complainant and/or their supporter.

This step may involve asking the complainant and/or their supporter for additional information. As such, they should be provided with information around privacy and confidentiality.

If the complaint indicates the person involved may be distressed or may require counselling or other supports, you must ensure that those supports are offered.

16.9.2 What is the responsibility of the Complaints Manager?

If the complaint relates to your service area, do not assume you are the Complaints Manager. You must confirm with your Department Head (or the Manager they have delegated responsibility for assigning Complaints Managers to) who the appropriate Complaint Manager should be.

If you are the First Responder and will not be managing the complaint, you must ensure that all relevant details provided by the complainant have been understood and recorded for the Complaint Manager to action. It is important to actively ensure the complainant does not need to repeat information.

Once the immediate steps have been taken to ensure the safety of the client the Complaints Manager is responsible for ensuring all steps in 16.3.7 have been followed, regardless of whether some steps have been carried out by other team members.

16.10 Responding to complaints that relate to general safety (excluding harm, or inappropriate conduct, and unrelated to team members)

16.10.1 What happens to a general complaint about safety, that isn't about harm or team members?

If you receive a complaint that relates to general safety issues **within 1 business day** of the complaint being provided to **yourtown you must**:

1. **record** the complaint
2. **respond** to the complainant, and
3. ensure the **safety** of the complainant and/or person involved.

Record the complaint by notifying your manager and logging the complaint in QIS. If the complaint relates to another service area, include the email address of the relevant manager from that area when lodging into QIS and refer the matter to the appropriate Department Head via email for urgent action.

Respond to the person who made the complaint to acknowledge that you have received the complaint:

- Where possible you should respond in writing.
 - verbal acknowledgement at the time of the complaint being made may be appropriate if that is how the feedback or complaint has been provided by the complainant, and
 - keep a written record of the response
- Where appropriate, request further information to assist with responding to the complaint, or advise the person that you may be in contact shortly if you require additional information.

Ensure the safety of the person making the complaint and others, where relevant:

- If the complaint involves an immediate safety hazard, consult with your manager, and the Work, Health, and Safety Manager (if required) to ensure the safety hazards are addressed **immediately**.
- If the complaint indicates the person involved may be distressed or may require counselling or other supports, you must ensure that those supports are offered.

16.10.2 What is the responsibility of the Complaints Manager?

If the complaint relates to your service area, do not assume you are the Complaints Manager. You must confirm with your Department Head (or the Manager they have delegated responsibility for assigning Complaints Managers to) who the appropriate Complaint Manager should be. If you are not the Complaint Manager, provide relevant information to ensure there is an adequate handover:

The First Responder (not also managing the complaint) must ensure all relevant details provided by the complainant have been understood and recorded for the Complaint Manager to action. The complainant must not be required to repeat their story or re- experience trauma.

The Complaints Manager must, **within 2 business days**, notify the Work, Health and Safety Manager of the complaint, and provide them with appropriate information to address any workplace safety hazards and risks. This should be done in consultation with the relevant Line Manager, as part of a continuous improvement process.

Once the immediate steps have been taken to ensure the safety of the person making the complaint and others, where relevant, the Complaints Manager must follow the general steps outlined in 16.11 2 – 8 for responding to the complaint.

16.11 Responding to all other complaints

yourtown is committed to ensuring every complaint is responded to as quickly as possible, including at initial receipt of a complaint. All complaints unrelated to harm, team members or safety should be dealt with in accordance with section 16.3.7. The process for responding to these complaints include:

1. acknowledgment within **three business days** of the complaint being made to **yourtown** – unless the complaint relates to safety in which case the complaint must be acknowledged within 1 business day, as outlined above.
2. information should be provided to the complainant and/or their supporter about options for being involved in the process
3. appropriate internal record keeping and consultation, including that:
 - The relevant Department Head has confirmed an appropriate Complaint Manager
 - Potential conflicts of interest are identified and appropriately managed
 - People and Culture will lead the investigation if the complaint involves an allegation against a **yourtown** staff member
 - The Work, Health and Safety Manager is consulted where appropriate
 - The complaint is logged in QIS
 - Privacy and confidentiality are maintained
4. discussion with complainant and/or their supporter regarding their expectations and possible outcomes
5. estimated timeframes for resolution (15 business days) unless there is a reasonable and agreed justification for an extension.
 - Where a complaint cannot be resolved within 15 days, the Complaint Manager must seek the CEO's agreement to an extension in time.
 - Reasonable grounds for an extension include where a matter may need to be referred for police investigation.
6. information about confidentiality and privacy requirements should be provided to the complainant and /or their supporter and any team members involved in resolving the matter
7. the investigations policy should comply with the Client Complaint Investigation Policy.
8. communication with the complainant and/or their supporter at key points throughout the feedback and complaint management process, and
9. an explanation of complaint outcomes and decisions, as well as options for review or escalation (noting as per section 16.6 that team members may not be able to provide information relating to internal performance or conduct investigations).

NOTE: The Complaint Manager is responsible for ensuring **all steps** have been followed, regardless of whether some steps are completed by the First Responder prior to allocation of the complaint.

16.12 Internal reporting, record keeping and continuous improvement

Initial receipt of complaints must be logged in QIS (typically this step is to be completed by the First Responder). The Complaint Manager is responsible for ensuring the following information about the complaint is included in QIS:

- date the complaint was submitted
- date the complaint was acknowledged and by whom

- the Department and relevant Department Head responsible for overseeing the Complaint
- the Complaint Manager
- the Service or activity in which the complaint was provided
- high-level summary of the nature of the complaint, including clear information if it relates to a child, young person or adult, or a critical incident.
- date and details of any updates provided to the complainant and their family, kin or legal guardian, where appropriate
- date and details of any requests for information made to the complainant
- resolution Date, and
- outcome of complaint and the date the information was provided to the complainant.

Complaint Managers must ensure privacy is respected and should be mindful of the nature of the information being recorded in QIS and who has access to the information.

Complaint Managers work with the relevant Managers, and should provide feedback to any other affected Departments, about ways to improve service provision or safety that is relevant to the complaint and addresses broader issues or potential risks that go beyond those raised by the original complaint and agreed primary course of action.

16.13 Privacy and Confidentiality

yourtown recognises everyone's rights to confidentiality and privacy, including children and young people, and adults at risk.

Complaints will be kept confidential to the greatest extent possible, consistent with **yourtown's** investigation and reporting requirements. However, the assurance of absolute confidentiality cannot be given due to safety and reporting obligations, and requirements for procedural fairness.

When the subject of the complaint is **yourtown** team members, People and Culture should follow their relevant policies and procedures.

Anyone making a complaint is entitled to remain anonymous or use a pseudonym if they so choose. In such cases, **yourtown** will endeavour to act on the feedback or address and resolve the complaint but may be limited in what action it can take in investigating and/or acting upon the matter given the circumstances.

Personal information received via feedback and complaints is not used for any other purpose unless the use and/or disclosure of personal information is authorised or permitted by the Australian Privacy Principles or any other law, such as where an individual faces a serious threat of harm.

Internal dialogue about complaints will be on a 'need to know' basis, and any such information must be held in the strictest confidence by all involved. Any breaches of confidentiality will be treated seriously and managed appropriately in line with **yourtown's** Performance Management Policy and Code of Conduct.

16.14 Facilitating Reviews and Appeals

All responses in relation to complaints must include information around what steps the complainant and/or their supporter can take if they are unhappy with the outcome.

If the complainant and/or their supporter is not satisfied with **yourtown's** response to their complaint, they may notify any **yourtown** team members of their dissatisfaction with the outcome. The



yourtown staff member that receives that feedback will log it in QIS and contact the original Complaint Manager or the CEO to advise them.

The CEO (or delegate) will respond within fifteen (15) business days of receiving the written request.

If a complainant and/or their supporter is not satisfied with **yourtown**'s second response, they may seek an external review by an alternative dispute resolution service.

Where applicable, a complainant may lodge a concern with the relevant government funding body.

16.15 Process for responding to feedback

For the purposes of the Policy, feedback means any information received that pertains to general suggestions, compliments, or expression of dissatisfaction with services. Feedback, as opposed to complaints, involves less serious matters that do not require investigation and can be resolved immediately.

For the purposes of the Policy 'feedback' does not include any matter that relate to safety. All safety related concerns must be dealt with as a 'complaint', and potentially also treated as a Duty of Care matter, or a Work, Health and Safety incident, depending on the nature of the complaint.

If you receive feedback directly from a client or stakeholder, you must acknowledge that you have received the feedback within three business days.

- Where possible you should respond in writing. However, verbal acknowledgement at the time of the feedback being made may be appropriate if that is how the feedback has been provided by the complainant.

You should inform the person providing feedback about the avenues available to them to lodge feedback including the **yourtown** Kids Helpline or Parentline websites and email.

You must ensure that feedback you receive/hear about second hand, eg, a staff member relays general feedback from clients/stakeholders, has been logged in QIS and if not, you or the other staff member must log in QIS as soon as possible. All feedback should be taken seriously.

In relation to direct feedback:

- You should ask questions about the situation they are providing feedback on, what kind of outcome they may want, ask for their contact details and check in regularly with the person providing feedback to ensure they feel that their feedback has been taken seriously and will be used for improvement.
- Depending on the nature of the feedback, it may be appropriate to provide information on the outcome. As with complaints, if the feedback requires a resolution, this should be done within 15 business days, wherever possible.

Records of feedback should be kept, and information should be recorded in a way that is relevant to the service setting, for example:

- a shared spreadsheet within the service area that supports continuous improvement
- included in client notes (where relevant), and/or
- recorded in team minutes.

Annual Safeguarding Audit	
Role	Responsibilities
Department Heads	Oversee all complaints relating to their services and activities
	Provide a report on the number and nature of complaints in relation to: <ul style="list-style-type: none"> Complaints that involve child abuse, harm, risk of harm and neglect. Complaints relating to physical safety issues involving children, young people, adults at risk, and Complaints relating to online safety issues involving children, young people, adults at risk.
	The data should include how many complaints were submitted by children, and how many were submitted by adults.

17 compliance and record keeping

17.1 Reporting a breach of the Policy

All breaches of the Policy must be reported to the relevant Manager and the Enterprise Risk and Compliance Manager as soon as possible. Depending on the nature of the breach, non-compliance with the Policy may result in a direction under the **yourtown** Code of Conduct, including dismissal, or criminal charges.

17.2 Annual Safeguarding Audit

The Enterprise Risk and Compliance Manager is responsible for co-ordinating a safeguarding audit annually, in consultation with relevant departments and team members.

The first safeguarding audit must be conducted by June 2023, and annually thereafter.

Annual Safeguarding Audit	
Role	Responsibilities
Enterprise Risk and Compliance Manager	The audit should aim to review implementation and compliance with all sections of the Policy.
	Provide a report on any breaches relating to the Policy and any actions or treatments undertaken as a result.
	An assessment on the extent to which the Policy has been understood and implemented effectively, enterprise-wide.
	A stocktake of existing safeguarding related policies and procedures should be done, to identify whether any policy reviews are required. Reviews and updates should be actioned accordingly.
	Provide a report to the CEO and Safeguarding Committee on the outcomes of the safeguarding audit, including recommendations for any follow up actions.
Learning and Development Consultant Clinical	Compliance with mandatory safeguarding training requirements (enterprise-wide).
(Relevant) Line Managers	Attendance rates at safeguarding-related training that has been offered to team members at specific services, such as de-escalation training.

Annual Safeguarding Audit	
Line Managers	An overview of any issues identified through random file reviews in relation to the way team members have responded to duty of care matters involving children, young people and adults at risk.
Procurement Manager	Information in relation to compliance with yourtown's policy on working with safe organisations (see section 14), including:
	A summary of the outcomes of a review of record keeping in relation to a random selection of paid and unpaid providers. The review should consider: <ul style="list-style-type: none"> • whether the appropriate safeguarding requirements were imposed (i.e., whether an assessment of the organisation's policies were undertaken, and/or whether the organisation was required to have police or Working with Children Checks) • how the safeguarding requirements were imposed (i.e., whether the relevant clauses were included in the contract) • whether appropriate records were kept (did the staff member record information about the Working with Children Checks), and • whether any monitoring actions were undertaken (i.e., did the team members review the organisation's statement of compliance).
	Information in relation to the number and nature of any complaints received about yourtown's third parties.
Work, Health, and Safety Manager	Provide information on the number and nature of any critical incidents / work, health and safety incident reports from QIS that relate to children and young people.
Department Heads	Information on the number and nature of complaints received about yourtown that relate to or involve children and young people, and the number of complaints received from children and young people.

17.3 Record keeping

yourtown has the following information sharing and record keeping policies and procedures:

- Department Heads are responsible for ensuring that there are policies and/or procedures in place on information sharing and record keeping in relation to all aspects of safeguarding, including Duty of Care situations, other critical incidents, and complaints.
- Consistent with the National Principles for Child Safe Organisations and **yourtown's** Clinical Governance Standards, any **yourtown** policy or procedure in relation to information sharing or record keeping must ensure that:
 - complete and accurate records are created and maintained for all incidents, complaints, responses, decisions, and outcomes
 - records are created at the time of, or as soon as practicable following an incident, complaint, response, or decision
 - records are titled, organised, and filed logically in accordance with **yourtown's** Records Management and Titling Guidelines
 - a master copy of each record is formally maintained to ensure duplicate records or multiple copies of the same record are kept to a minimum
 - records are maintained and disposed of in accordance with legislative

- and statutory requirements, and in accordance with **yourtown's** Retention and Disposal Schedule
- information and/or records are treated as confidential, and records are appropriately secured in accordance with **yourtown's** Information Technology Security Policy.
- sharing or distribution of information and/or records is restricted to nominated team members and is conducted in accordance with relevant legislative and statutory requirements, and
- an individual's right to access, amend or annotate records about themselves are fully recognised.

18 policy review

The Policy will be reviewed twice in 2022 and will be reviewed annually thereafter. All reviews of the Policy should consider:

- practical implementation issues informed by feedback from team members, including the Safeguarding Committee
- feedback from consultation with children, young people, adults at risk, families and the community
- internal system or policy changes that have taken place
- changes to relevant state, territory or Commonwealth legislation, including but not limited to laws in relation to working with children and reportable conduct schemes, as well as the introduction of new safeguarding-related legislation, and
- changes to relevant safeguarding frameworks, and the introduction of the Safeguarding Committee as part of the review process.

The scope, findings and recommendations of the review should be outlined in a report for consideration by the Safeguarding Committee and yourHeads.

Where possible, the review of the policy should take place to coincide with an Annual Safeguarding Audit, and the reports should be presented to yourHeads for consideration together.

19 referenced and related documents

19.1 Linked Position Statements

- Safeguarding Commitment Statement
- Duty of Care Position Statement
- Consumer Rights Position Statement
- Feedback and Continual Improvement Position Statement

19.2 Linked Policies

- Code of Conduct
- Personnel Safeguarding Screening Policy
- Workplace Bullying Prevention and Management Policy
- Recruitment Policy
- Work, Health, Safety Policy
- Ethical Code and Practice Policy in Client Service Delivery.

- Ethical Human Research Policy
- Information and Communications Technology (ICT) Acceptable Use Policy
- Records Management Policy
- Social Media Policy
- Whistleblower Protection Policy
- Privacy Policy
- Mobile Device Policy
- Client Complaint Investigation Policy
- Critical Incident Reporting and Management Policy
- Providers Code of Conduct
- Reportable Conduct Scheme

19.3 Linked Procedures

- Client Information Handbook
- On-Site Duty of Care Information – Working with ‘At Risk’ Clients Procedure
- Transporting Clients Procedure
- Counselling Centre – Duty of Care and Response to Risk Procedure
- CPP Duty of Care Procedure
- My Circle DOC procedure (8am to 12am)
- My Circle DOC procedure (12am to 8am)
- Duty of Care Cases Handover with Supervisors Procedure
- Duty of Care and Call Procedure – Skype Calls
- Employee Grievance Resolution Procedure
- San Miguel – Substance Use Procedure
- Visitor Induction Procedure

19.4 Linked Guidelines, Principles, and other relevant documents

- Safeguarding Principles
- Working with Safe Organisations Guide
- Bullying Prevention Policy and Procedure for Clients
- Enterprise Risk Management Framework, including
 - Risk Assessment Guidelines
 - Risk Register Template
- Guideline for Client-Friendly Complaint Practices
- Guidelines for Appropriate I Contact
- Home Visit and Outreach Procedure
- Human Resources Investigation Protocol Guidelines
- Information Sharing Guidelines
- KHL – Police Intervention Protocols
- **yourtown** & Kids Helpline Content Creation Guidelines
- Milton Corporate Compliance online course

- Practice Principles for Reporting Child Sexual Abuse
- Publication of Images and Work Information Sheet, including:
 - Publication of Images and Work Consent Form and,
 - Publication of Images and Work Consent Form (Parent/Guardian).
- Records Management and Titling Guidelines
- Retention and Disposal Schedule
- Safe Sleeping Practice Guidelines
- Safe Physical Environments Guideline
- Site Duty of Care Form
- Site Duty of Care Information Guide
- Site Client Safety Plan Information Guide
- Virtual Services Child and Youth Risk Management Strategy
- Virtual Services Duty of Care Guide
- Workplace Bullying Prevention and Management Guidelines
- Workplace Incident Report Guidelines
- Youth Participation Charter
- Youth Participation – Safeguarding Guidelines

19.5 Legislation

- *Charter of Human Rights and Responsibilities Act 2006* (Victoria)
- *Care and Protection of Children Act 2007* (Northern Territory)
- *Children and Community Services Act 2004* (Western Australia)
- *Children and Young Persons (Care and Protection) Act 1998* (New South Wales)
- *Children and Young People Act 2008* (Australian Capital Territory)
- *Children and Young People (Safety) Act 2017* (South Australia)
- *Children, Youth and Families Act 2005* (Victoria)
- *Child Protection Act 1999* (Queensland)
- *Child Safety (Prohibited Persons) Act 2016* (South Australia)
- *Child Wellbeing and Safety Act 2005* (Victoria)
- *Children, Young Persons and Their Families Act 1997* (Tasmania)
- *Human Rights Act 2004* (Australian Capital Territory)
- *Human Rights Act 2019* (Queensland)
- *Privacy Act 1988* (Cth)
- Australian Privacy Principles (Cth)

19.6 External References

- Australian Privacy Principles Guidelines: Privacy Act 1988 (OAIC, 2014)
- Commonwealth Child Safe Framework
- National Catholic Safeguarding Standards
- New South Wales Child Safe Standards
- National Office for Child Safety: Complaint Handling Guide 2019.

- National Principles for Child Safe Organisations
- The Royal Children's Hospital Safe Sleeping Guide
- Rednose Safe Sleeping Guide
- United Nations Convention on the Rights of Persons with Disabilities
- United Nations Convention on the Rights of the Child
- United Nation Covenant on Civil and Political Rights
- United Nation Covenant on Economic, Social and Cultural Rights
- United Nations Declaration of Human Rights
- United Nations Declaration on the Rights of Indigenous Peoples
- Victorian Child Safe Standards

20 document review details

Review Details	Approval Date	Revision
Initial review to address implementation issues; clarification and editing for ease of reading/following.	November 2022	V1
End of year review to address minor issues identified by team members following initial review release	19 December 2022	V2
DRAFT - SA DHS Suggested updates/review – including mandatory reporting, criminal law/code, language updates (abuse, harm, risk of harm and/or neglect).	22 March 2022	V2.1



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Appendix 2: Safeguarding glossary

Term	Definition
Adult at Risk	An adult at risk is a person aged 18 or older who, for any reason, is experiencing, or is at risk of harm abuse or neglect.
Approved Adult	An adult with the appropriate skills, knowledge, and experience for working with children and adults at risk. They must also have undergone the relevant checks required in the state or territory, including a satisfactory National Criminal History Check and Working with Children Check (WWCC). In a yourtown residential setting, an approved adult can include a parent or legal guardian of a child or young person, or adult family member.
Bullying	Bullying is hurtful behaviour that is; done on purpose; repeated over time; and involves an imbalance of power. Bullying behaviours can be physical, verbal, social and can take place in the physical world or digitally (cyberbullying).
Child	'Child' refers to anyone under the age of 18, consistent with the Convention on the Rights of the Child (CRC) as well as the Commonwealth Family Law Act 1975.
Child Abuse	Child abuse is a form of 'harm'. Child abuse can be a single incident or several incidents that take place over time. There are four types of child abuse: <ul style="list-style-type: none"> • physical • sexual • emotional, and • neglect.
	Physical abuse
	Physical abuse happens when a child has been hurt or injured, and it is not an accident. Physical abuse does not always leave visible marks or injuries. Physical abuse can include: <ul style="list-style-type: none"> • hitting • shaking • choking • smothering • throwing • burning • biting • poisoning, and • using physical restraints.
	Sexual abuse
	Child sexual abuse occurs when an adult, or a more powerful child or adolescent (including a sibling) involves a child in sexual activity. This may involve physical contact between the alleged abuser/offender and child, or no physical contact between the alleged abuser/offender and the child. Sexual abuse can cause emotional, psychological and/or physical harm. The intended use of power and control, secrecy and silencing, and the distortion of adult-child relationships to coerce the child into compliance with sexual activity are key factors in the sexual abuse of children. Behaviours that are sexually abusive to a child include:

Term	Definition
	<ul style="list-style-type: none"> • making sexually suggestive, obscene comments made in person, by telephone, or through social media to a child • speaking to a child about graphic sexual matters • using technology to send messages with obscene or sexual content or images to a child (this can include 'sexting') • persistent, unwanted intrusion of a child's personal space that increase the child's vulnerability to sexual abuse • showing pornographic material including films, magazines, photographs or internet websites to a child • using the internet or social media technologies to lure a child for sexual purposes. • forcing a child to watch a sexual act • covertly or overtly watching, taking photographs or electronically recording a child in bathrooms, bedrooms or toilets, or in various states on undress • being inappropriately nude, partially nude, disrobing in front of a child, 'flashing' or exposing a sexual body part to a child • engaging in a sexual act in the presence of a child • kissing or holding a child in a sexual manner • fondling a child's body in a sexual manner or asking the child to fondle another person's body • engaging a child in acts of child prostitution • masturbating while child observes, observing a child masturbate, engaging in mutual masturbation with a child including child masturbating another child/person. • undertaking clothed or unclothed dry intercourse (a person rubbing their genitals against the child's genitals and/or anal areas) • undertaking fellatio (oral to genital contact for males) • undertaking cunnilingus (oral to genital contact for females), and • using an object to penetrate the vagina or anus, or penile or digital penetrations.
	<p>Emotional abuse</p>
	<p>Emotional abuse happens when a child is treated in a way that negatively impacts their social, emotional, or intellectual development. Emotional abuse can be caused by:</p> <ul style="list-style-type: none"> • rejection • name calling, teasing or bullying • yelling • criticism • isolation or locking a child up for extended periods, and • exposure to domestic and family violence. <p>Experiencing domestic and family violence can also lead to emotional harm. A child who experiences violence at home is at greater risk of not having their basic needs met, including their protection and care needs. Domestic and family violence can:</p> <ul style="list-style-type: none"> • affect a child's emotional wellbeing and development

Term	Definition
	<ul style="list-style-type: none"> teach them that violence is a solution to problems, and cause post-traumatic stress disorder.
	Neglect
	Neglect is a form of 'harm'. Neglect happens when a child's basic needs are not met, affecting their health and development. Basic needs include: <ul style="list-style-type: none"> food housing and clean-living conditions health care adequate clothing personal hygiene, and adequate supervision.
Child exploitation	Behaviour that makes it easier for an offender to procure a child for sexual activity. This can occur in person or through electronic equipment. For example, an offender might build a relationship of trust with the child, and then seek to sexualise that relationship by encouraging romantic feelings or exposing the child to sexual concepts through pornography.
Client	For the purposes of the Policy, client is taken to mean anyone that is engaging with a yourtown service or program, as well as participants in yourtown engagement activities, employment services and social enterprise activities.
Contact with children, young people and vulnerable adults	Contact with means working on an activity or in a position that involves or may involve direct (including online) contact or indirect contact (such as use of images).
Complaint	Any matter ranging from a general expression of dissatisfaction with a service or program provided by yourtown , a particular experience with a person or persons involved with yourtown , an allegation of misconduct, policy non-compliance, harm, abuse or exploitation or an issue with the complaints management process. ⁹
Contractor	The individuals engaged to perform specific services under a contract, that include: <ul style="list-style-type: none"> specified team members nominated in a head agreement with an intermediary company (the contractor) to which payment is made; or if the person performing the service is the service provider, he/she is an individual contractor.
Discrimination	Discrimination occurs when a person with a certain characteristic (such as their race, religion, sex, gender, political preference etc) is treated less favourably than a person without that characteristic in the same, or similar circumstance.
Duty of Care	Duty of Care is a legal responsibility that all members of the community have, to care for the safety and well-being of others. In a work context, Duty of Care means providing a reasonable standard of care in line with your role and context, with the aim of protecting clients, employees, and community members from harm. A reasonable standard of care is defined as the level of care that could reasonably be expected from other people acting in a role or context similar to yours.

⁹ Adapted from Complaint Handling Guide: Upholding the rights of children and young people (2019), Commonwealth of Australia, Department of the Prime Minister and Cabinet



Term	Definition
Domestic and Family Violence	Domestic violence
	Domestic violence refers to acts of violence that occur between two people who are, or were, in an intimate relationship. It includes physical, sexual, emotional, psychological, and financial abuse. While there is no single definition, the central element of domestic violence is behaviour motivated by gendered drivers of violence that can involve controlling a partner through fear, coercion and intimidation — for example by using behaviour that is violent and threatening. In most cases, the violent behaviour is part of a range of tactics to exercise power and control over women and their children and can be both criminal and non-criminal.
	Family violence
	Refers to violence between family members, as well as between intimate partners. It involves the same sorts of behaviours as described for domestic violence but includes the broader range of marital and kinship relationships in which violence may occur. Family violence is also a relevant term when referring to complex forms of violence where family and in-laws, as well as other family members of the abusive spouse, can arrange for violent acts to be committed against the victim or are themselves abusive toward the victim.
Feedback	Information received that pertains to general suggestions, compliments, or expressions of dissatisfaction with services.
Grooming	Behaviour that makes it easier for an offender to procure a child for sexual activity. This can occur in person or through electronic equipment. For example, an offender might build a relationship of trust with the child, and then seek to sexualise that relationship by encouraging romantic feelings or exposing the child to sexual concepts through pornography.
Harm	Harm is any detrimental effect or impact on an individual's physical, psychological, or emotional wellbeing. Harm may be caused by all forms of physical, emotional, or sexual, abuse; neglect; or exploitation, whether intentional or unintentional. Foreseeable or Risk of Harm is harm that could reasonably be predicted
Illicit Drugs	Illicit drugs are illegal drugs to have (for example, cannabis, heroin and cocaine), and the non-medical use of drugs that are legally available such as pain sleeping pills.
Line/Service/Program Manager and Program Supervisor	The manager/supervisor a yourtown team member reports to.
Line of Sight	An unobstructed view to a child young person and/or adult at risk where a yourtown team member is alone with the person.
Mandatory reporting	Mandatory reporting is the legislative requirement to report suspected cases of child harm, abuse and neglect to government authorities. See Appendix 3 for a schedule of who is required to report; what must be reported; and the types of harm that must be reported in each state and territory jurisdiction.

Term	Definition
Online abuse	<p>Online abuse includes using social media, games, or other forums to make:</p> <ul style="list-style-type: none"> abusive, degrading, or hateful comments about a person threats of physical or sexual violence to a person repeated or unwanted sexual requests to a person <p>Abusive behaviours also include:</p> <ul style="list-style-type: none"> cyber-stalking, which includes constantly checking on a person through their social media activity or by calling and texting them accessing a person's email or social media account to discover information about them or to impersonate them. In most cases, abusers are able to gain access to accounts through passwords that are saved on shared devices, or because they know the password, or it is easy to guess. setting up fake social media accounts in another person's name in order to harass or humiliate them. In some cases, abusers may use an account in the name of a child or a friend in order to keep a close watch on their target. This is known as 'proxy abuse'. using image-based abuse, which includes sharing, or threatening to share, real or manipulated intimate images of a person, and spreading lies or malicious rumours about a person. <p>In the context of domestic and family violence, online abuse covers a range of behaviours an abusive person can use to control, frighten, or humiliate their partner, ex-partner or family using technology.</p>
Practice Supervisor	<p>A senior practitioner is responsible for:</p> <ul style="list-style-type: none"> supporting the client practice knowledge/skills development of frontline team members undertaking case reviews with frontline team members, and and/or Line Managers carrying out Duty of Care consultations.
Racism	<p>Racism is a form of discrimination. It is usually accompanied by the power to discriminate against a person, oppress, or limit the right of another person on the basis of race leading to inequitable opportunities, and outcomes for that person.</p>
Safeguarding	<p>Safeguarding is the umbrella term for policies, procedures and practices employed to safeguard children, young people and adults at risk who come into contact with an organisation, from exposure to harm, including abuse or exploitation.</p>
Strengths-based practice	<p>A strengths-based approach acknowledges the positive aspects of the individual or family. A strengths-based approach looks for what the victim- survivor can do (rather than cannot do), and focuses on aspirations, goals, successes (no matter how small), and explores their hopes for the future. It focuses on the strengths of the victim-survivor to foster empowerment.</p>
Team members	<p>Team members are either employed by yourtown, engaged by yourtown on a sub-contract basis, or engaged by yourtown on a voluntary or unpaid basis. Team members includes, volunteers, trainees, social enterprise clients, students, third-party providers, and Board members.</p>

Term	Definition
Trauma-informed and victim-centred support	Trauma-informed support is a strengths-based framework which is founded on five core principles – safety, trustworthiness, choice, collaboration and empowerment, as well as respect for diversity. Trauma-informed services do no harm, i.e., they do not re-traumatise or blame victims for their efforts to manage their traumatic reactions, and they embrace a message of hope and optimism that recovery is possible. In trauma-informed services, trauma survivors are seen as unique individuals who have experienced extremely abnormal situations, which they have managed as best they could.
Third party provider	A third-party provider is any external organisation or individual with which yourtown works. This includes service providers, vendors, suppliers, consultants, sub-consultants, contractors, sub-contractors, agents, researchers, representatives, sponsors and their employees, or other persons working on their behalf. Third party providers may also be sole traders or self-employed persons.
Violence	<p>Violence is a threatened or enacted form of harm that can be physical and/or psychological in nature. In a workplace, it is the most extreme form of unacceptable behaviour. It covers a broad range of behaviours that can</p> <p>create a risk to the health and safety of workers and clients. Incidents of violence can be a singular occurrence or repeated. Examples include:</p> <ul style="list-style-type: none"> • verbal or written assaults or threats • throwing objects • pushing, shoving, tripping, grabbing • striking, kicking, scratching, biting, spitting or any other physical contact • attacking with knives, guns, clubs, or any other type of weapon • intimidating behaviour that creates a fear of violence, such as stalking or sexual harassment (whether physical or virtual), or threatening to do any of the above • hazing or initiation practices for new or young workers, and • gendered violence, where behaviour is directed at any person or affects a person because of their sex, gender or sexual orientation, or because they do not adhere to socially prescribed gender roles, that creates a risk to health and safety.
Visitor	Visitors may include young people who are not yourtown clients, external service team members, representatives of government and other organisations, donors and supporters, contractors, vendors, friends and family of clients or members of the public
Working with children, young people and adults at risk	Working with children, young people and adults at risk means engaging in an activity with a child, young person or adult at risk where the contact would reasonably be expected as a normal part of the activity, and the contact is not incidental to the activity. Working includes volunteering or other unpaid work.
Workplace	<p>A workplace is a place where work is carried out for a business undertaking and includes any place where a worker (including team members or contractor) goes, or is likely to be, while at work, and includes a vehicle.</p> <p>In yourtown, workplaces include service locations as well as corporate head office.</p>
Young Person	Young person refers to older children and adolescents up to 25.

Appendix 3: Mandatory Reporting and Criminal Laws by State or Territory

Australian Capital Territory - Section 356 of the Children and Young People Act 2008	
Who is mandated to report?	Minister of religion, doctor, dentist, nurse (including an enrolled nurse), midwife, psychologist, police officer, teacher (including a paid teacher's assistant or aide), school counsellor, person authorised to inspect education programs, materials or records used for home education, childcare centre worker that cares for a child (including a paid childcare assistant or aide), person coordinating or monitoring home-based care for a family day care scheme provider, public servant whose work provides services personally to children or families, public advocate, official visitor (a specific position in child protection appointed by the Minister), and person who, in the course of their employment has contact with or provides services to children and their families and is prescribed by regulation.
What must be reported?	A belief, on reasonable grounds, that a child or young person has experienced or is experiencing sexual abuse or non-accidental physical injury; and the reasons for the belief arise from information obtained by the person during the course of, or because of, the person's work (whether paid or unpaid).
Abuse and neglect types to be reported	Physical abuse and sexual abuse.
Australian Capital Territory – Failure to Report Criminal Offense	
Who is legally required to report?	All adults
What must be reported?	Sexual offences committed against anyone who was under the age of 18 at the time the offence was committed.
New South Wales - Sections 23 and 27 of the Children and Young Persons (Care and Protection) Act 1998	
Who is mandated to report?	A person who, in the course of his or her professional work, or other paid employment, delivers health care, welfare, education, children's services, residential services or law enforcement, wholly or partly, to children. A person who holds a management position in an organisation, the duties of which include direct responsibility for, or direct supervision of, the provision of health care, welfare, education, children's services, residential services or law enforcement, wholly or partly, to children. A person in religious ministry, or a person providing religion-based activities to children. A registered psychologist providing a professional service as a psychologist.
What must be reported?	Suspicion on reasonable grounds, obtained during the course of or from the person's work, that a child is at risk of significant harm because of the presence to a significant extent of circumstances of: neglect, physical abuse, sexual abuse, psychological abuse, risk of harm through exposure to domestic violence, and failure to engage with services after a pre- natal report.
Abuse and neglect types to be reported	Physical abuse, sexual abuse, emotional/psychological abuse, neglect, exposure to domestic violence.
New South Wales – Failure to report and Failure to Protect (2018 Amendments to the Crimes Act 1900)	
Who is legally required to report?	All adults, who <ul style="list-style-type: none"> • know, believe or reasonably ought to know that a child (under 18 years) has been abused, • know, believe, or reasonably ought to know that they have information that might materially assist in securing the apprehension, prosecution or conviction of the offender.

What must be reported?	<ul style="list-style-type: none"> • This offence covers sexual abuse, serious physical abuse and extreme neglect of a child (under 18 years). • An adult working in an organisation that engages workers in child-related work commits an offence if: <ul style="list-style-type: none"> ○ they know that an adult worker engaged by the organisation in child related work poses a serious risk of abusing a child (under 18 years), and ○ they have the power or responsibility to reduce or remove the risk, and ○ they negligently fail to reduce or remove that risk.
Northern Territory - Sections 26 of the Care and Protection of Children Act 2007	
Who is mandated to report?	A health practitioner or someone who performs work of a kind that is prescribed by regulation.
What must be reported?	Reasonable grounds to believe a child aged 14 or 15 years has been or is likely to be a victim of a sexual offence and the age difference between the child and offender is greater than 2 years.
Abuse and neglect types to be reported	Sexual abuse.
Northern Territory- Criminal Code Act	
Who is legally required to report?	All persons
What must be reported?	Indecent actions against a child under 16 or in the presence of a child under 16
Queensland – Part 1AA, section 13E and 13F of the Child Protection Act 1999	
Who is mandated to report?	Teachers, doctors, registered nurses, police officers with child protection responsibilities, a person performing a child advocate function under the Public Guardian Act 2014, early childhood education and care professionals, an authorised officer, a public service employee employed in the department, a person employed in a departmental care service or licensed care service.
What must be reported?	A reasonable suspicion that a child has suffered, is suffering or is at an unacceptable risk of suffering, significant harm caused by physical or sexual abuse; and may not have a parent able and willing to protect the child from the harm.
Abuse and neglect types to be reported	Physical abuse and sexual abuse.
Queensland Criminal Code	
Who is legally required to make a report.	All adults
What must be reported?	Sexual offending against a child* by another adult. *For this law, a <i>child</i> means a person under 16 or a person under 18 with an impairment of the mind .
South Australia - Sections 17, 18, 30 and 31 of the Children and Young People (Safety) Act 2017	
Who is mandated to report?	Medical practitioners; pharmacists; registered or enrolled nurses; dentists; psychologists; police officers; community corrections officers; social workers; ministers of religion; employees of, or volunteers in, an organisation formed for religious or spiritual purposes; teachers employed as such in a school, preschool or kindergarten; employees of, or volunteers in, an organisation that provides health, welfare, education, sporting or recreational, child care or residential services wholly or partly for children and young people, being a person who – (i) provides such services directly to children and young people; or (ii) holds a management position in the organisation.

What must be reported?	Reasonable grounds to suspect a child or young person is, or may be, at risk; and the suspicion was formed in the course of the person's employment.
Abuse and neglect types to be reported	Physical abuse, sexual abuse, mental or emotional abuse, and neglect.
South Australia - Sections 64A, 65 of the 2022 Amendment to the Criminal Law Consolidation Act 1935 (SA) (Criminal Law Act)	
Who is legally required to report?	Employees, contractors and volunteers of all organisations who operate facilities or provide services to children under their supervision. They also apply to approved foster, kinship, specific child only and family day-care (guardianship) carers, as well as DCP staff and service providers.
What must be reported?	Suspected child sexual abuse, including sexting
Tasmania - Sections 3, 4 and 14 of the Children, Young Persons and Their Families Act 1997	
Who is mandated to report?	Medical practitioners, nurses and midwives, dentists and other dental professionals, police officers, psychologists, police officers, probation officers, school principals and teachers in any educational institution (including a kindergarten), persons who manage child care services or provide child care for a fee or reward, a member of the clergy of any church or religious denomination, a member of the Parliament of this State, and in general people employed, or who are volunteers in government agencies or organisations funded by the Crown that provide health, welfare, education, or care wholly or partly for children.
What must be reported?	Knowledge, or a belief or suspicion on reasonable grounds that: a child has been or is being 'abused' or 'neglected' or is an affected child; or there is a reasonable likelihood of a child being killed or abused or neglected by a person with whom the child resides; or while a woman is pregnant, that there is reasonable likelihood that after the birth of the child: the child will suffer abuse or neglect, or may be killed by a person with whom the child is likely to reside; or that the child will require medical treatment or other intervention as a result of the behaviour of the woman or another person with whom the woman resides or is likely to reside, before the birth of the child.
Abuse and neglect types to be reported	Sexual abuse (any), physical abuse, emotional/psychological abuse, neglect, exposure to family violence.
Tasmania Criminal Code and Related Legislation Amendment (Child Abuse) Bill 2018 (Tas)	
Who is legally required to report?	All persons
What must be reported?	An abuse offence is defined in section 105A of the Bill and includes a number of sexual offences, violent offences, crimes endangering life or health, assaults, abductions and stalking.
Victoria - Sections 182(1), 184 and 162(1)(c)-(d) of the Children, Youth and Families Act 2005	
Who is mandated to report?	Registered medical practitioners, nurses, midwives, a person registered as a teacher or an early childhood teacher under the Education and Training Reform Act 2006 or teachers granted permission to teach under that Act; principals of government or non-government schools within the meaning of the Education and Training Reform Act 2006; police officers, a person in religious ministry, out-of-home care workers (excluding voluntary foster and kinship carers), early childhood workers, youth justice workers and registered psychologists.
What must be reported?	Belief on reasonable grounds that a child is in need of protection formed in the course of practising his or her profession or carrying out the duties of his or her office, position or employment as soon as practicable after forming the belief



	and after each occasion on which he or she becomes aware of any further reasonable grounds for the belief.
Abuse and neglect types to be reported	Physical injury and sexual abuse.
Victoria – Crimes Act	
Who is legally required to report?	All adults
What must be reported?	A sexual offence committed by an adult against a child under the age of 16.
Western Australia - Sections 124A and 124B of the Children and Community Services Act 2004	
Who is mandated to report?	Doctors, nurses and midwives, teachers and boarding supervisor, Ministers of Religion, and police officers.
What must be reported?	Belief on reasonable grounds that child sexual abuse has occurred or is occurring, where this belief is formed in the course of the person's work, whether paid or unpaid.
Abuse and neglect types that must be reported	Sexual abuse.
Western Australia- Criminal Code	
Who is legally required to report?	Any person
What must be reported?	Sexual activity with a child under 16, and Where a child under the age of 18 is under the authority, care or supervision of an adult it is a criminal offense to engage in sexual activity with the child